





# HARVARD MEDICAL *ALUMNI BULLETIN*



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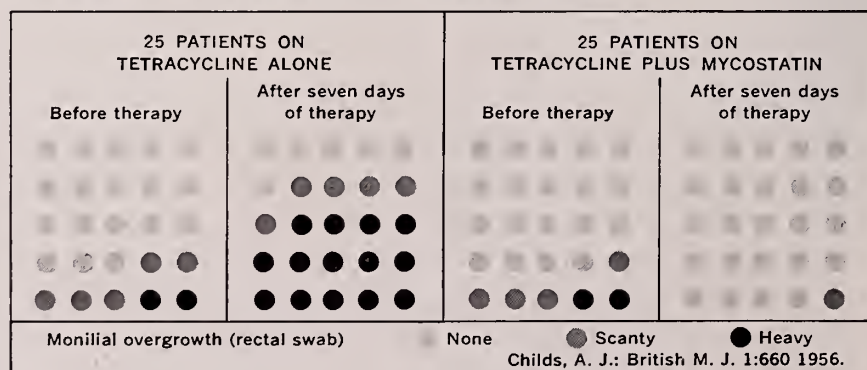
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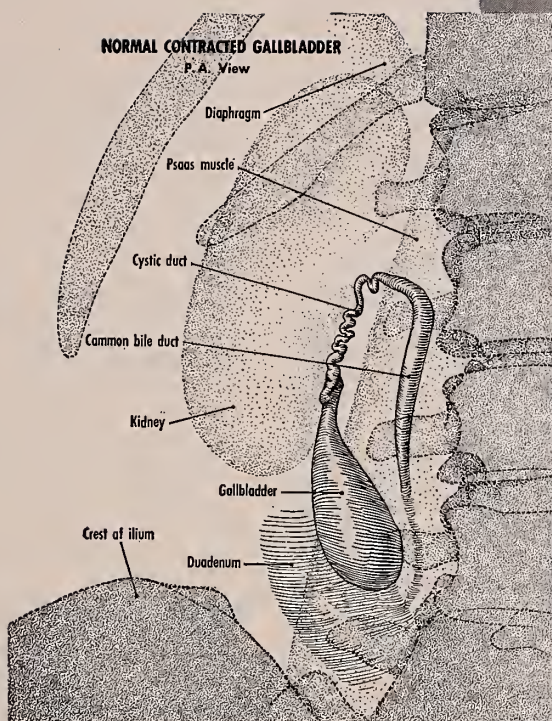
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Buckstein, Jacob: The Digestive Tract in Roentgenology. Philadelphia, J. B. Lippincott Co., 2nd ed., 1953, vol. 2, p. 1003.

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# LETTERS

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## Pâté de Foie Tonique

The following letter was received by Robert S. Shaw. '45.

Dear Hawk:

Enjoyed your article "If You Can't Eat It, It's No Good" which came out in the last *Harvard Medical Alumni Bulletin*.

I was particularly interested in your comments on the eating of viscera of certain fish. Apparently this has gotten to be a custom at Cape Cod. Since, in the sunny South, we come in contact with a great many fish, this offers great possibilities. However, we do run into a type of poisoning from certain fish which makes some of the most edible species occasionally dangerous. About once or twice a year in the Miami area, a case of poisoning from eating barracuda occurs. In the literature this is occasionally reported of other fish such as the grouper family and the amberjack. The exact cause of this poisoning is not known but it is thought that it might come from the eating habits of the fish. If some of the barracudas or any carnivorous fish had consumed some smaller known-poisonous varieties before you consume them, it is possible that residual poisoning might be enough to effect one. Often the manifestations from this poisoning are delayed. As far as I know, no one has actually been able to isolate the exact cause of this poisoning. It is felt though that such toxins might be concentrated in the liver and it is generally thought wise to avoid eating the viscera of any of the species of fish. I think the so-called striped bass is a member of the grouper family and I would be very interested to know if any strange gastrointestinal illnesses have resulted from the habit of having bass livers for hors d'oeuvre at cocktail parties. My own general feeling is about the same towards eating such hors d'oeuvres as would be towards eating barracuda. Perhaps it would be fine if somebody else had tested it the day before with no severe results.

Next time you are down South way, let me know and we'll go out and try to catch some of these fish, saving, of course, the viscera for the more adventuresome Boston colleagues.

ROBERT A. McNAUGHTON, '45  
Miami, Florida

Dr. Shaw's Reply:

Dear Bob:

I was very interested in your letter. This is one of the reasons why I like New England. Up here the ants rarely sting at one end, to say nothing of both ends; the green things by and large do not have pricklers on them; and the fish liver is not poisonous. At least so far, we have blamed the gastroenteritis on bad gin. Along this line, I wonder if you noticed Ben Ferris' article about Eskimos, etc., in the same issue as mine. Whereas I cite the Eskimo as an authority in odd eating, he states that the most common disease that he encountered while taking care of Eskimos was food poisoning. Thus far I have puked only once, and then after eating some burdock root. You might call this an avocational hazard.

Our striped bass are alleged to migrate only as far south as Chesapeake Bay. It may be that the situation you describe either does not extend this far north or that the fish are able to cleanse themselves during their northern migration.

ROBERT S. SHAW, '45

## Shaw Gets the Eggplant

To the Editor of the *Bulletin*:

In the February *Alumni Bulletin*, a superb issue, Dr. Shaw writes a remarkably good review on naturally occurring foodstuffs which are usually neglected. It pains me just a little to note several omissions. I might almost fear that Dr. Shaw, like other members in his general area of the city, has spent more time in the library than in field work. I would only suggest that to leave out the coral mushroom and puffballs is to omit the cream of the crop. Coral mushroom looks like coral but is actually delectable. Puffballs, in their white meaty state before going to seed, are never poisonous and when sliced and fried taste just like eggplant. So, if you like eggplant, there it is!

W. BRADFORD PATTERSON, '50

## Editor Broods

To the Editor of the *Bulletin*, Dr. John R. Broods

Under 1935 Class Alumni notes in the *Bulletin* of July, 1957, I find: "Leslie M. Bell reports that he keeps busy doing in the 'apple country' (Winchester, Virginia)"

Perhaps there is a chance of misinterpretation of just what goes on around here! One can do some things around the apple tree, a few things in the ap-

ple tree, but many things under the apple tree. If you could insert the word "surgery" between "doing" and "in," I should be very appreciative.

LESLIE M. BELL, '35

## Kattwinkel Purrs

To the Editor of the *Bulletin*:

If available I would appreciate two copies of the February, 1958 number. To me it is the apex of your journalistic endeavors.

The crowns to:

1. J. R. B.
2. Bob Shaw
3. Daniel Funkenstein

Honorable mention to:

1. Robert Frost
2. Whoever selected Merrill Moore's poems and of course to the poet himself
3. George Crile, Jr.
4. "If"

EGON E. KATTWINKEL, '30

## Along with the Coots

To the Editor of the *Bulletin*:

I should like to bring to your attention a miscaptioned photograph on page 27 of the February issue of the *Bulletin*.

The picture is of the beautiful and distinctive African Crowned Crane, *Balearica*—not an egret by any stretch of the imagination! No other bird possesses such a crown of delicate golden feathers.

It may interest you to know that cranes and egrets are not remotely related to each other. It seems that the layman has the tendency to lump them together because of superficial similarities such as long legs and necks. The cranes are distinguished from the egrets by the possession of an elevated hind toe on each foot and by the lack of a true crop. There are other important differences in the anatomy of the palate and base of the skull. Therefore, they are placed in separate Orders—the egrets, along with herons, gannets and pelicans, in *Ciconiiformes*, and the cranes, with their relatives the coots, rails and gallinules, in *Gruiformes*.

JANET M. CRAWLEY  
New York City

## Shiraz Medical Center

To all Teachers of Medicine at Harvard:

The Nemazee Hospital, Shiraz Medical Center, Shiraz, Iran is desperately in need of two assistant physicians. As a member of the Medical Advisory

*Harvard Medical Alumni Bulletin*

Council of the Iran Foundation, I am writing every person in the Department of Medicine at Harvard with the hope of finding two volunteers for this important outpost of American medicine in an area of tremendous need.

Shiraz is a lovely city (pop. 200,000) situated at 5,000 feet above sea level in southern Iran. The country is like Nevada—bare mountains and desert, which blooms like magic where it's irrigated and a magnificent climate. It is the capital of Fars, the southern province of Iran, which is a vast picturesque area in which two million of the six million people are nomadic tribesmen. Thirty miles away stand the ruins of Persepolis, capital of the Persian Empire at its height, and sacked by Alexander the Great in the late Fourth Century B.C.

The Nemazee Hospital represents one of the few Mideastern attempts on the part of a rich man to put his wealth to work for the benefit of his fellow citizens; it also represents an attempt by Americans to help Iranians introduce the spirit and techniques of American medicine into the country. This Hospital is physically one of the most beautiful modern hospitals I've seen anywhere—perhaps too much so, but symbols are very important in the East, and it is a magnificent symbol. It is a private hospital, but has grants from the Iranian Government and has had United States Point 4 help to permit it to fulfill its major objective—teaching. The bulk of its staff are Iranians trained in America. The director, Dr. A. Torab Mehra, has a public health degree from Johns Hopkins. The Chief of Pediatrics, Dr. Mohsen Ziai, is an M.D. from Johns Hopkins, was Chief Resident at the Children's Hospital two years ago and a Research Fellow with Dr. Finland last year. The other Iranians are similarly outstanding—the best young physicians in Iran. However, the job of organizing a new hospital amongst the tremendous difficulties and political and economic pressures is so great that it has been felt necessary to keep a cadre of American physicians there. The present Chiefs of Medicine and Surgery are Dr. Hobart A. Reimann (Philadelphia and Binghamton) and Monroe McIver (Cooperstown) respectively.

There is a Medical School in Shiraz, with which the Hospital has an affiliation for teaching. There is also a first-rate model Health Center built with Point 4 funds, headed by a health officer who is a graduate of the Harvard School of Public Health, and which

(Continued on page 40)

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1. Ensor, R. E. and H. R. Peters, *Ann. Int. Med.*, 47:731, 1957.

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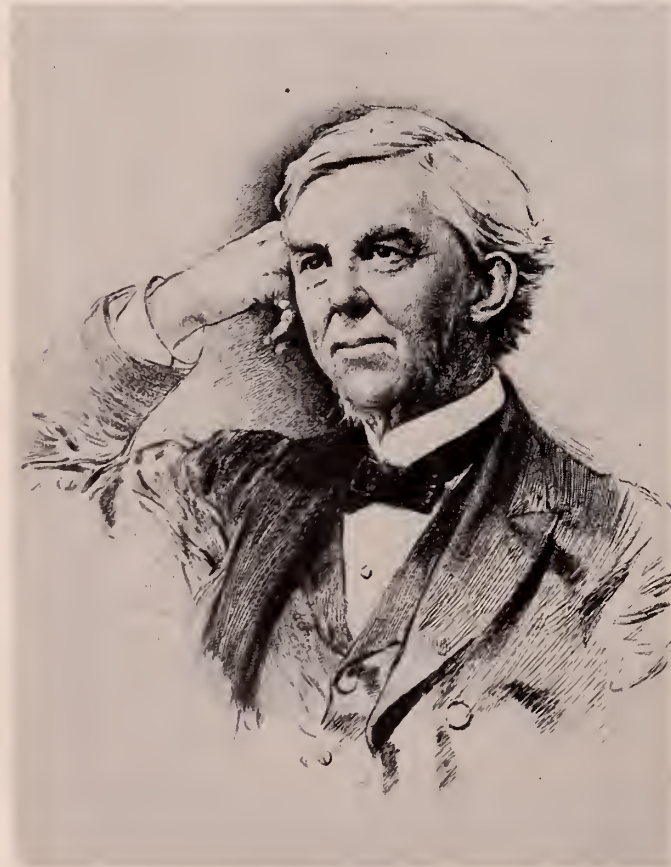
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The Cover: A Show of Class Feeling in the Antarctic.  
Story by Isaac M. Taylor on page 14.

# Along the Perimeter

## Gay Lecture

Construing loosely the donor's stated intention, the annual Gay Lecture was delivered on the subject, "A Lawyer's Dicta on Medicine," by the Honorable Felix Frankfurter, Associate Justice of the U.S. Supreme Court. George Washington Gay '68 in 1917 established a series of lectures "upon wise and proper methods of conducting the business of physicians, as related to fees, collections, investments, etc." Mr. Justice presumably was applying Webster's second definition of the word *dictum*: "a judicial opinion on a point other than the precise issue involved in the case," for he touched not on the finances but on the broader goals of medicine.



Dr. Holmes

He did not presume to speak as a doctor; but noted the ideals and tendencies which he thought were common to both law and medicine. He spoke of four American doctors whose approach to medicine he felt might well be emulated by the present-day medical student. One of these was Dr. William C. Gorgas who rid the Canal Zone of yellow fever. Although it was well known that mosquitoes carried the virus he said, it took his pertinacity against odds to push through the irrigation projects which spelled the defeat of *stegomyia fasciata*.

Pertinacity was a word he used frequently and with emphasis during the lecture. The shades of persistence and obstinacy implied in this word are qualities he felt the aspiring lawyer greatly needs. He also pleaded for the taking of more time for considered thought; and for the careful avoidance of professional narrowness. He humbly left to his listeners' judgement the possibility that these dicta might be applied to law and medicine alike.

## Autocrat Abroad

From the Oliver Wendell Holmes Junior High School in Long Island City, New York, has come to the Dean's Office a letter requesting reproductions of portraits of Oliver Wendell Holmes for their School's use. Certainly, we feel, the School could pick no finer if unorthodox medical representative to look down upon its passing student body. If ex-Dean Oliver Wendell Holmes had been present in Amphitheater D on March 21, he need not have squirmed to hear Justice Frankfurter enjoin against professional narrowness, for Holmes was one of Harvard's most versatile graduates. From a chequered academic background (he was intended for the ministry, actually attended law school for one year), he came to the Medical School in 1830. Two years later, without a degree, he went to study in Paris. His letters home revealed already a sense of history, of humor and of the literary style, which made famous *The Autocrat of the Breakfast Table*:



"I have found no difference from not having my degree. They are not taken the least notice of, nobody uses the title of Doctor, and I would not give a copper for any advantage it would give me."

Holmes actually studied under Baron Larrey, Napoleon's famous surgeon: "To go round the Hotel des Invalides with Larrey was to live over the campaigns of Napoleon, to look on the sun of Austerlitz, to hear the cannon of Marengo, to struggle through the icy waters of the Beresina, to shiver in the snows of the Russian retreat, and to gaze through the battle smoke upon the last charge of Waterloo."

Of other professors, he wrote, "Broussais was like an old volcano, which has pretty much used up its fire and brimstone but is still boiling and bubbling in its interior, and now and then sends up a spurt of lava and a volley of pebbles;" and of Lisfranc: "I can say little more about him, than that he was a great drawer of blood and hewer of members;" of Ricord: "vivacious . . . the Voltaire of pelvic literature, who would have submitted Diana to treatment with his mineral specifics, and ordered a course of blue pills for the vestal Virgins."

With a sense of their common bond in Holmes, the Medical School has gladly made a gift of two framed portraits to the Oliver Wendell Holmes School. One is the famed profile caricature from the *Spy* and the other an etching of Holmes. Perhaps another year will bring back from this school to Harvard, a student in-bred with the breadth and humanity of Oliver Wendell Holmes.

### Construction

From a vantage point within the Alumni Office sanctum steel girders can be seen rising above and beyond the Children's Medical Center. At the Jimmy Fund, another series of floors is being added to house the still expanding projects there devoted to the treatment of cancer.

At the Medical School, the new third floor for Building B's renovation has been poured and cranes now are hoisting concrete for the forming of the fifth floor. Delivery men are still seen to wander among the girders and scaffolding looking for Buildings and Grounds Department, which was formerly housed in Building B.

Out of sight but also within the bounds of the Medical School's family, down at Fruit St., there is talk of the New Ambulatory Clinic Building designed to conserve cubage and to provide medical coverage for the citizens of Boston.

The *Bulletin* plans to have a page in each issue dealing with the School's professors, so that the Alumni may have a nostalgic glimpse of the men who contributed to their development. The following is the first in this series.



David Lawlor

Dr. Hastings

### *The Sea Within Us*

The American Society of Biological Chemists had been in existence for only 15 years when A. Baird Hastings was admitted in 1921, the same year he received his Ph.D. from Columbia. Even though biochemistry as a separate discipline was comparatively young, Dr. Hastings has always had a deep sense of the continuity of biochemistry, especially of the men who have contributed to the progress of this young field. A "second generation" biochemist himself, he often starts a lecture with a slide photograph of one of his revered predecessors: Henderson, Folin, Barcroft, Van Slyke, and others.

Dr. Hastings worked with Donald D. Van Slyke from 1922 to 1926 as Assistant and then as Associate at the Rockefeller Institute for Medical Research. Here, he began the studies on the extracellular fluids of the body, especially on electrolytes in the blood, which were to occupy him for 15 years. Lecturing in Duluth, Minnesota in 1954, he explained of himself:

"To understand adequately why I am going to say the things I shall, there is something you must know about the speaker: He is a Middlewesterner who grew up in Indianapolis, where the only water he could navigate was the small stream called White River (probably so called because it wasn't) and he used to paddle up and down on it in his canoe trying to decide what went on in the city from what floated by. When



I began to do research 35 years ago, I spent most of my time on studies of water and electrolytes of plasma and other extracellular fluids of the body . . .

"I might still be paddling my canoe on the extracellular fluid waterways if it had not been for the University of Minnesota and the Conference on the Kidney which was held there in the summer of 1930." Asked to contribute a paper on the acid-base balance in edema, Dr. Hastings used his experience with the blood to explain what went on in the kidney. His interest was gradually drawn from extracellular fluids of the body to the relationship of extracellular to intracellular fluids in tissues. This became a second major phase of his research studies.

Coming to the University of Chicago as a full professor in 1926, Dr. Hastings was made first director of its Lasker Foundation for Medical Research in 1928 and remained there until called to head the Biochemistry Department at Harvard in 1935. The research done during this period has had a profound influence on the understanding of the chemical and physical principles which regulate the blood homeostasis. Stressing that the study of metabolic equilibrium must be quantitative as well as qualitative, he helped to define equilibrium in such a way that the clinician of today, with very little supplementary data can ascertain the status of the patient.

He is a professor who has always shown a great personal interest in his students, whether they are medical students, Ph.D. aspirants, or post-doctoral M.D.'s who come to Harvard to study some problem in which they feel biochemistry can help them. The Thursday M.D. seminar luncheon meetings were started in his office in the mid-'40s when he felt he was not seeing enough of his M.D. research fellows. Doctors who have since moved to other hospitals still come back to these meetings to exchange ideas over a sandwich and coffee which Dr. Hastings prepares for all. It has been a major concern of his to see that M.D.'s get in on basic research and, conversely, that basic research always keeps an eye out for the possible clinical implications of its findings.

As an example of this, Dr. Hastings was among the first to use radioactive isotopes as biochemical tracers. With Drs. Shields Warren and Joseph Aub, he obtained from the Office of Naval Research the money for setting up the first biophysics laboratory at the Medical School in 1946, and it was directly due to his tutelage and stimulation that clinicians at associated hospitals such as the Brigham and M.G.H. acquired the fund of knowledge they needed for the localization and treatment of brain tumors by means of isotopes.

His work before coming to Harvard was primarily research. Afterwards the teaching phase became increasingly important. President Conant's concern in the

late 30's that able research scientists play an active role in Government decision-making inaugurated still another phase: that of consultant to the Government. During World War II, he represented the U.S. on a two-man team (Sir Howard Florey represented Britain) on a trip to Russia to negotiate for the exchange of medical information. In 1950, he was appointed to the original Committee on Biology and Medicine of the Atomic Energy Commission, and he was a member of the U.S. delegation to the Geneva Atoms for Peace Conference in 1955. Dr. Hastings is often in Washington as a consultant to the National Research Council and the U. S. Public Health Service. He serves in many capacities; particularly in programs for the support of medical education and in setting up research programs and giving support to scientists. His ability to pick out salient points from a mass of data and his conscientiousness in "doing his homework" have made him a valued consultant to the Government.

Despite all these demands on his time, Dr. Hastings has constantly been engaged in a lively research program. In recent years, he has been interested in the effect of inorganic ions and hormones on intermediary metabolic processes and has devoted particular attention to the quantitative evaluation of alternate metabolic pathways. In terms which you and I can understand, these problems have often been summarized by him as "How does the organism spend its 'sugar dollar?'"

The sea around, as well as the sea within us, has fascinated Dr. Hastings for many years for, as he has often said to his students, the million billion cells within each individual are served by 14 liters of internal sea water. He is a passionate fisherman. From the bridge overlooking the Westport River, he fishes through summer evenings, sending out the sea worms until the tide turns, whether this means 8 P.M., or 2 in the morning. By 5:30 or 6 A.M., he is out again in his boat, trolling for bass. A full day's work at the Medical School will follow as a part of this summer regime.

From the White River in Indianapolis to the Westport River on the Massachusetts coast, Dr. Hastings has maintained a vital relationship with the sea and its surroundings. His ability to communicate enthusiasm and his insistence that students keep an open-minded approach, maintain their "amateur status" so to speak, have assured that the inner sea will continue to receive due attention, and his students have gone on to become heads of biochemistry at M.I.T., the University of Rochester, Boston University and the University of Michigan. As for medicine, he feels that the greatest single change within the last century has been the growth of the intimate relationship existing between chemistry and medicine. Few have done more than Dr. Hastings to make this true.

# The Fiftieth Anniversary of the Founding of the Division of Medical Sciences

ERIC G. BALL, CHAIRMAN OF THE DIVISION OF MEDICAL SCIENCES

The first committee to administer higher degrees in the medical sciences was announced by President Eliot to the Faculty of Medicine on December 21, 1907, and the administrative unit known as the Division of Medical Sciences was established in the fall of 1908. Thus the spring of 1958 seems an appropriate time to celebrate the 50th anniversary of both those events, and the dates of May 29th and 30th have been selected for this occasion.

The birth that will be celebrated had a long gestation period, and the desire of the Faculty of the Harvard Medical School to create this child can be traced to at least a decade prior to 1908. In early catalogues of the Division one finds this statement:

"The importance of opening the laboratories of the Medical School to qualified students who might wish to prepare themselves more thoroughly in one of the medical sciences for purposes of teaching, research, and professional work rather than take the full medical course leading to the degree of M.D. led in 1899 to the formation of a committee to consider the advisability of formulating rules for the conferring of the degree

of Ph.D. for studies carried on in the medical sciences. A favorable report was presented by the committee in June, 1900, but no further action was taken."

The committee referred to was apparently a standing one in those days and bore the title "Committee on higher Degrees and Honors." Presumably it dealt primarily with the award of the M.D. and the honors attending this degree. It was not until a meeting of the faculty on January 9, 1904, that official action was taken on this matter. The records of this meeting read in part as follows:

"The development of laboratory research of a medical nature in the past, and its further development in the future, make it advisable to take up this problem at once. We suggest the appointment of a committee to take the matter under consideration and make such arrangements as may be necessary with the Corporation and with the Faculty of Arts and Sciences."

President Eliot was in the Chair and apparently immediately appointed as members of the committee the Dean, who was then Dr. Richardson, Professor of Obstetrics, and Drs. Bowditch and James Jackson Minot,



78, Professors of Physiology and Anatomy respectively. The record further states that the Faculty then adjourned at 10:18 P.M., it being the custom of the Faculty in this period to hold its meetings at night.

It is not until June 2, 1906 that one finds this committee making its report.

"On motion of Professor Minot, it was voted that a committee of five be appointed to prepare and report to the Faculty a systematic plan for advanced and graduate instruction in the medical sciences. Subsequently the President appointed Professors Minot, Ernst, T. Smith and Cannon, and Instructor Alsberg."

Though the committee appears to have made slow progress to this date, it should be remembered that the early years of this century must have been a very busy and exciting period for the Faculty of the medical school. This was the period when the planning and the building of the new, and what then must have been spacious, laboratories on Longwood Avenue took place. There is, however, no indication of the excitement in the air, and little if any mention of this momentous event in the staid records of the Faculty meetings which are written in a precise and neat longhand. Indeed, a search amongst the records for these years fails to reveal when the Faculty first met in its new Faculty Room. There is no change to be found in the records, which for each meeting begin: "The Faculty met at the Medical School."

Thus a committee of three was replaced by one of five, and, contrary to the law that a committee's progress is inversely proportional to its size, things now began to happen. Eight months after its appointment this committee's report was discussed at the meeting of the Faculty on February 2, 1907. The minutes of that meeting read:

"Professor Minot, for the Committee on Higher Degrees, brought up for discussion the report presented in print at the meeting of January 5. After explanation and discussion, Professor Minot offered the following motion, which the Committee unanimously approved: —'Moved: that the report of the Committee on Higher Degrees, so far as it relates to the giving of higher degrees in the medical sciences, the conditions of admission to candidacy and the general requirements of study and research for such degrees, be accepted and adopted.'

On show of hands, with but one negative vote (Dr. Pfaff, Assistant Professor of Pharmacology), *voted* to adopt this motion."

Regrettably, the report mentioned as presented in print at the meeting of January 5 is not filed with the minutes. This is particularly unfortunate when one reads further from the minutes of this meeting:

"Professor Minot then offered the following motion: —'Moved: that the administration of the new degree in the medical sciences be entrusted to the Faculty of Medicine in accordance with the recommendation of the Committee on Higher Degrees.'"

Here then is a proposal that the Medical School Fac-

ulty take upon itself the awarding of not only the M.D., but also those degrees which heretofore were the sole prerogative of the Faculty of Arts and Sciences.

Dr. Cannon was the one member of the Committee who dissented from the recommendation and he offered the following substitute motion:

"That a Division of Medical Sciences of the Faculty of Arts and Sciences be formed of the departments of the Medical School offering instruction for the higher academic degrees."

The minutes record that Dr. Cannon's motion was defeated by a vote of 27 to 7 on show of hands. Action on Dr. Minot's motion was then taken and with one dissenting vote it was adopted.

Professor Minot then submitted a third motion, to wit:

"Moved: that the Corporation be requested to take the necessary steps to carry into effect the two preceding motions, as adopted by the Faculty of Medicine; and that a copy of these three votes be sent to the Faculty of Arts and Sciences, with a request for their opinion and advice."

It was unanimously voted to adopt this motion.

All that happened on the two sides of the River following this proposal is not recorded, and perhaps fortunately so. One wonders whether the Faculty of Arts and Sciences raised the question of the propriety of awarding the M.D. degree in competition with the Medical Faculty. It was President Eliot's task to resolve the issue and we find that on May 21, 1907, the Faculty of Arts and Sciences made the following recommendation:

"The Faculty of Arts and Sciences, sympathizing with the movement to encourage scientific research in the Medical School, welcomes the proposal that more than heretofore the degrees of A.M., S.M., Ph.D., and S.D., should be granted for work carried on there. . . .

"In view, however, of the general practice in universities both here and abroad, and for the sake of maintaining uniformity in the administration of these degrees, this Faculty believes that in this extension of the use of these degrees the recommendation for them should remain with the Faculty of Arts and Sciences, but that the administration should be by means of a joint committee of the two Faculties."

The Medical Faculty in response to this recommendation met on June 19, 1907 and moved "that a joint Committee on Honors and Higher Degrees be appointed from the two Faculties to take charge of the instruction and examinations for the degrees of Ph.D., S.D., and M.S. in the medical sciences in accordance with the general plan adopted previously by the Medical Faculty. The joint Committee to recommend candidates for the degrees to the Faculty of Arts and Sciences."

It was further recommended "that a majority of the joint Committee be formed from the Faculty of Medicine."



The Faculty of Arts and Sciences concurred with this recommendation and at a meeting of the Medical Faculty on December 21, 1907, President Eliot "announced that he had appointed the following joint Committee on honors and higher degrees of the Faculty of Arts and Sciences and the Faculty of Medicine to take charge of the instruction and examination for the degrees of Ph.D., S.D., and S.M. in the medical sciences:

Professors Theobald Smith, Chairman	
W. C. Farlow	G. H. Parker
C. S. Minot	O. Folin"

A similar announcement was apparently made to the Faculty of Arts and Sciences at a meeting on February 18, 1908.

The final step was taken on November 17, 1908, when the Faculty of Arts and Sciences "voted that a Division of the Medical Sciences be constituted within the Faculty of Arts and Sciences. . . . That the Medical Sciences be added to the lists of subjects in which the degrees of S.D. and Ph.D. are given. . . . That the Medical Sciences be added to the list of Divisions in which the degree of S.M. is given." On December 15, 1908, "The President announced that Dr. Theobald Smith has been appointed Chairman of the Division of Medical Sciences."

There was thus consummated a marriage of the two Faculties and hence the celebration that is planned may be considered as a golden wedding anniversary. What of the offspring of this marriage? The first Ph.D. degree was awarded in Anatomy to R. E. Scammon in the year 1909. It would appear that Dr. Minot, who had been so active in all the events leading to the establishment of the Division, must have had a horse running before the lists were officially opened. As of June, 1957, the total Ph.D. degrees awarded numbered 147, and 25 of these were received by women. In addition, 62 individuals have received the A.M. degree. Among these graduates three Nobel Prize winners are to be counted, namely:

J. B. Sumner, Ph.D. 1914 in biological chemistry, Nobel Prize 1946,

E. A. Doisy, Ph.D. 1920 in biological chemistry, Nobel Prize 1943,

J. F. Enders, Ph.D. 1930 in bacteriology, Nobel Prize 1954.

As of 1930, the year Professor Enders received his degree, a total of 51 Ph.D.'s had been awarded. Thus 6% of those who had received the Ph.D. degree up to the year 1930 have been made Nobel Laureates. Only time can tell whether the more recent graduates will maintain this high batting average. The growth of the Division in the last decade is reflected in the fact that 67 Ph.D. degrees, or nearly one half the total, have been awarded since 1948.

A recent survey has been made of those graduates of the Division who hold the Ph.D. degree. It showed that 12 are deceased and the whereabouts of five unknown. Of the remaining 130 about 75% either are now affiliated in some capacity with an institute of higher learning or have retired from such a position. Some 60% hold positions of faculty rank and 34 individuals have achieved full professorships. Thirty-eight of the medical schools in this country have one or more of the Division's graduates on their teaching staffs. There are nineteen who have appointments at the Harvard Medical School and its affiliated hospitals. One also finds that 13 out of the 130 who have received Ph.D.'s are at present in foreign countries. There are 3 in England, 2 each in Canada, China and Denmark, and one in each of the following countries: Brazil, India, Sweden and Turkey. Here then is a group, though only 130 in number, that the Harvard Medical School can be proud to have trained and to count among its Alumni.

The Division will celebrate its fiftieth anniversary with a banquet on Thursday night, May 29. On May 30, Alumni Day, a scientific program will be held at the Medical School at which graduates of the Division will speak. On page 40 is a complete program of the speakers and topics which have been arranged. All graduates of the Division will be invited, and it is hoped that a large number will be able to attend.



# Editorial

## THE FOREIGN LITERATURE

There is a conviction on the Continent that American bibliographies are narrow. There is prevalent a feeling that Americans care little for most of the European medical literature. In what may well appear to represent a paranoid sentiment, there is also a measure of truth. There are three reasons that help explain this fundamentally unhappy situation.

First, two world wars have hindered the development of research in medicine and surgery much more in Europe than they have in America. The economic, political and military unrest prevalent on the Continent has not existed to any such a continuous degree in our country. This has allowed our research in medicine and surgery to move ahead by leaps and bounds. The same could not occur in Europe in any similar proportion. Although much of the development of new ideas in medicine and surgery has come from Europe, still the organization, financial support and opportunity for significant advancement could not be expected to thrive in nations harrowed by economic distress, threat or actuality of military occupation.

For this reason, unlike our grandfathers in medicine who traveled to Germany, France and England in the late 19th Century for the ultimate in postgraduate medical study, we, until recently, have had our sights leveled more toward our own more impressive research and technical accomplishments at home. This has tended to contain our breadth of reading.

Second, and again unlike our grandfathers who were studying abroad, we somewhat complacently have not seen the need to learn or maintain our fluency in French, German, or Spanish to the same compelling degree. As a result, we do our reading in English; and this reading is primarily in the American literature. Too infrequently do we read even the articles from England or refer to the Dutch and Scandinavian literature, so frequently translated into our own tongue. In part the fault seems to lie in our secondary schools and colleges where the languages are not adequately encouraged. In part it lies in American complacency and satisfaction with our own accomplishments. This is not encountered to such a degree among educated Europeans, who are commonly fluent in English and refer frequently to our literature.

Third, as the study of medicine and surgery becomes more complicated and as our knowledge of these subjects increases, we must assimilate a larger mass of literature if we are to have even the barest essentials at hand. We find it difficult enough to absorb our own prolific literature. It is not often possible to add to this effort an extensive culling of the foreign literature.

To understand these difficulties is not to be resigned to them arbitrarily. There is a growing need in the postwar medical world for us to be more aware of the excellent work going on outside our country. There should be more emphasis placed upon the development of ability in languages. Our schools in some respects hold the key to this solution. An active foreign literature shelf is absent in most of our medical libraries and those having such journals find they are little used. Our efforts should be put to the correction of these faults so that through the exchange of ideas and through international medical meetings, less duplication of effort will occur and our understanding of disease will profit.

J.R.B.

\* \* \*

A letter has come from Dr. Samuel A. Levine on the occasion of his generous gift to the Medical School of a substantial sum of securities for unrestricted use. The spirit of his gift so endorses the underlying philosophy of an alumnus "repaying" his Alma Mater, at least in part, that we quote from his letter . . . .

"As you know, I have been associated with Harvard University for about fifty years, first as an undergraduate, then as a medical student and during the past thirty-eight years on the teaching faculty of the Medical School. It is not surprising, therefore, that I feel a strong affection and devotion to Harvard. Knowing that there is an unpublicized but large drive going on for the Harvard Medical Center, I am happy to send you [a gift] for unrestricted use in this vital project.

"The direct and indirect influence of the Harvard Medical School on medicine in general, and on the health of the Nation and the entire world is tremendous. The standards that our School has set and the welfare of the neighboring teaching and research institutions that make up the Harvard Medical Center need constant support in order that the leadership that the Medical School has attained shall continue."



# ON ICE

*Isaac M. Taylor, '45*



Halfway between the Antarctic Circle and the South Pole, twenty-five hundred miles due south of New Zealand, lies Ross Island, a volcanic ridge of ice and cinders rising 14,000 feet above the icy sea to the smoking summit of Mt. Erebus. Here, in 1901 and 1910 Capt. Robert Falcon Scott of the Royal Navy built camps from which he explored the interior of Antarctica and from which in 1912 he finally reached the

South Pole only to perish with his companions on the return trip. Here, too, in 1908 Sir Ernest Shackleton based the first of the expeditions he led to the Antarctic. And here in 1955 U. S. Navy Task Force 43 went ashore in Operation Deep Freeze I to build the biggest of all Antarctic bases in the most important effort yet to understand earth's last frontier. Mine was the interesting experience of going ashore

with the first party on December 20, 1955, and remaining for 13 months as medical officer in the base we built.

Operation Deep Freeze is the Navy's Antarctic undertaking in support of the International Geophysical Year. Seven bases have been built in Antarctica since 1955 and now are staffed by naval personnel and civilian scientists. Our phase of the operation was preparatory for the I.G.Y. which was to begin in July, 1957. In the first summer, two bases were to be built, one on Ross Island and one 400 miles east on Kainan Bay, near the site of Admiral Byrd's Little America Stations. Both the bases were to be ready for the winter of 1956 and were to be manned by naval personnel preparing for further construction work the following year.

I heard about the project first early in 1955 while on duty as a ward medical officer at the Naval Hospital at Bethesda. With much excitement I applied for assignment to the expedition and soon received my orders. From June to October, 1955, materials and supplies were gathered at Davisville, R. I., the Atlantic Fleet Construction Battalion Center, preparatory to shipment south. For the medical department, this meant



choosing and procuring items for the care of about a hundred men who would for over a year be remote from a hospital and for much of that time isolated so that transfer of sick or injured to a hospital could not be accomplished. By guess we established an outfitting list which by good luck turned out to be adequate in most respects.

The ice-breaker, *Edisto*, with our party aboard, set sail from South Boston on October 30, 1955. Our course took us through the Caribbean to Panama and then across the equator at the Galapagos Islands. Incongruous as it may seem for an Antarctic expedition, our greatest problem up to this point was excessive heat. The passage took 31 days. The weather consisted of one storm after another. The hull of an ice-breaker is rounded like a football so she can slide up on an ice sheet and break down through it. This is fine for the purpose, but in the open ocean she rolls fearsomely. Thirty or forty degrees from upright is not unusual and I think our greatest roll was fifty-two degrees to port. Sea legs come quickly under these circumstances, but the most ordinary activities such as eating, sleeping, or shaving become adventures under the effect of such continual unorthodox accelerations. If you happen not to be seasick, it is amusing to watch a group standing in the wardroom having coffee and swaying back and forth through an arc of 90°. Of course, everything moveable had to be lashed down, including the ship's surgeon and myself as we removed an appendix in mid-Pacific. By the time we reached New Zealand we all felt we had been well shaken before being used.

We spent three days at Christchurch in the South Island of New Zealand, taking aboard our final supplies, and then steamed south. The roaring 40's, the howling 50's, and the screaming 60's were comparatively kind to us and soon we were in the quiet waters of the pack ice. The pack, formed by the freezing of the ocean each winter, is a band of floating ice 200 miles wide which

surrounds Antarctica. It was a formidable impediment to ships of the early explorers for, under sail or with thin walled steamers, they were incapable of forcing a passage and had to seek open leads between the floes to make progress south. Through the summer pack, however, the modern breaker can steam ahead with only slight reduction in speed and for us the transit of the pack was an experience of beauty and pleasure. The low sun and black clouds, the golden ice and dark water, the penguins and flying birds of the ice, and the seals and whales among the floes kept us too excited to sleep and more than made up for the inconveniences of the earlier stages of the journey.

In the early hours of December 20, 1955, we brought the smoking white cone of Mount Erebus into view and by eight o'clock had tied up to the edge of the bay ice in McMurdo Sound between the Island and the mainland. The *USS Glacier*, arriving two days previously, had chosen a site for our camp and had marked out on the smooth surface of the bay ice a landing strip for planes which departed from New Zealand about the time we arrived at McMurdo. Our first camp site was Hut Point on the western

side of Cape Armitage, the southernmost tip of Ross Island. The site was 45 miles from our ship's berth at the ice edge and the ship's helicopters set to work ferrying men and supplies. Soon we had tents up and tractor-drawn supply trains making their way across the ice from the ship.

The camp was located at the site of Capt. Scott's base in his first expedition. His hut was still standing but half buried by snow and ice. Nearby, on a small hillock was a memorial cross to a member of Scott's party who lost his life in a fall in the hills behind the camp. A mile to the east was Observation Hill surmounted by a cross erected in 1913 in memory of Captain Scott and the four companions with whom he perished on his return from the Pole. To the west, 45 miles away across the Sound, the great coastal mountains which fringe the continent stretched from north to south broken only by the huge ice stream which flows in mighty glaciers between the peaks down from the continental plateau. To the south the vast expanse of the Ross ice shelf led almost to the Pole itself, and over-all, to the north of us rose Mt. Erebus' mighty summit. The place itself and its associations with the





heroic Britons who lived there half a century before was excitingly inspiring to us all and we turned to the hard task before us with fierce enthusiasm.

About 10 P.M. that first day with the sun high in the western sky, the planes which had flown from New Zealand landed safely on the ice strip. The flight was a landmark in Antarctic operations and the dozen or so of us who stood at the edge of the ski way cheered as the planes came in. This was the first flight into Antarctica from inhabited regions and pioneered the regular stream of planes which in the two subsequent summers have made the flight from New Zealand to McMurdo almost routine. There was nothing but open ocean and ice along the 2500-mile

plane course. With no landing or navigational aids to bring the planes in at McMurdo, bad weather would have necessitated a crash landing on the bay ice. Ours was a heartfelt "hurrah" as, with planes pulled up in the parking areas, the crews jumped down to greet us.

In the next ten weeks we built our camp. A site was selected on a shelf of land about 120 feet above the bay where a sufficiently large and flat area for the construction of buildings and the establishment of a supply dump was found. The area was free of snow and was tucked up under the hills where some protection from the wind might be expected. In the next ten weeks we unloaded the ships, built our winter camp, and learned to live in our new environ-

ment. Fortunately, the temperatures were moderate, ranging from 25° F. on overcast days to 35° when the sun shone and the air was still. About half the days were cloudy and windy. Since it was summer, we had continuous daylight and found this very helpful for our around-the-clock operations. We worked so hard that sleep in the daylight was no real problem. We found a melt pool in the hills behind the camp from which water could be taken, sparing us the necessity at first of melting snow. We learned the relative advantages and disadvantages of sleeping on snow or on cinders, and pitched our tents on one or the other in accordance with personal preference. We learned to eat with our gloves on—and quickly, before the





food froze—in the unheated mess tent. In sick bay we learned the art of physical examination with exposure of only a few square inches of skin at a time.

The most difficult work of our first weeks was unloading the ships. At first the ice edge lay 45 miles away from camp and a tractor and sled train took 36 hours for a round trip. Two of our smaller breakers, the *Edisto* and the *Eastwind*, were unable to penetrate the ice of the sound and it seemed unlikely that as the summer progressed, we could expect much of the ice to move out spontaneously. Finally, however, the *Glacier*, our largest breaker, tested herself in the sound and was able to steam ahead through six feet of ice. She broke a channel to within 15 miles of our camp and then she, the *Edisto* and the *Eastwind* ferried cargo from the cargo ship in open water to the tractor trains waiting at the head of the channel. Thus, unloading was accomplished. During this phase of the operation, though, we had our first fatality. A D-8 Caterpillar tractor broke through the ice and carried to the bottom its driver, Richard Williams.

In mid-February, the exteriors of our winter quarters having been completed, we moved indoors. At the sick bay, we set to work putting up partitions and installing equipment. We had a 15 m.a. field X-ray unit which we set up in the main dispensary area, using the X-ray table as an examining table as well. We made a small operating room with a good overhead light. We found a corner for our gasoline-fired autoclave and constructed a drug room on the shelves of which our wide variety of medications was arranged.

In addition to a dentist and myself, the sick-bay staff consisted of two Navy Hospital corpsmen. One had had extensive field duty in World War II and in Korea and, in addition, was trained as a neuropsychiatric technician. The other had had a lot of time at sea and was experienced in X-ray work. We were a congenial crew.



Dr. Taylor

On March 9th, the *USS Glacier*, the last ship out, departed for home and ninety-three of us were left to spend the winter with only radio communication with the outside. We were justifiably impressed with our isolation. Our nearest neighbors were at Little America, 400 miles to the east and would, of course, be inaccessible during the winter night. The nearest civilization was New Zealand but neither ships nor planes could reach us from that distance. There would be no mail, of course, but radio would provide us with occasional messages and even conversations with home. As the *Glacier* steamed away, our reactions were mixed, but spirits were high

and no one made an eleventh-hour break to go back. I am sure, however, that the medical officer was not the only one who was wondering what he had let himself in for.

During the winter we were blessed with constant business. In the first place, even the routines of Antarctic life are arduous and time consuming. Food preparation and service and the entire operation of the galley was hampered by the relative scarcity of water and the absence of modern equipment. Water had to be made from melted snow. All wastes and refuse had to be hauled by sled to the refuse dump area. Inadequate inside space required all bulk items to be stored out-



side which meant hours of digging after every storm. The weather was hard on all equipment, and breakdowns kept the mechanics' squad on the jump. Our electricity came from diesel-powered generators which required constant attendance. Around-the-clock watches in radio and meteorology absorbed the energies of many of our party.

In addition, we had three other big jobs. The first was completion of camp construction, the second, construction of an ice runway from which planes could operate in the coming spring and summer, and the third, packing for parachute drop all of the material and supplies to be used in construction of the South Pole Station. Fatigue rather than boredom turned out to be our principal problem.

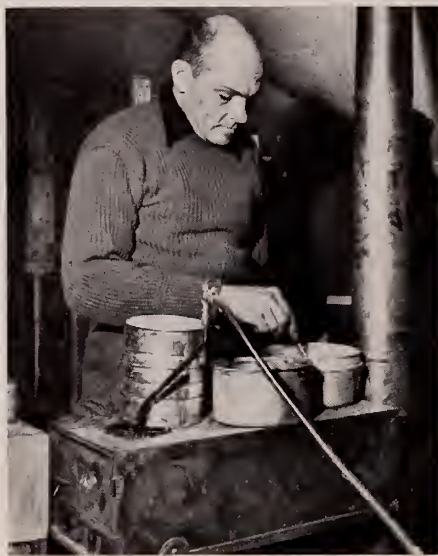
The weather during the winter was not as difficult as we had expected. After the sun disappeared, the usual temperature in the camp was between 30° and 40° below zero Fahrenheit and the coldest was about -55°. On the runway, two miles from camp, readings were usually 10 to 20 degrees lower and the record low was -69°. There was a good deal of wind and the air was often filled with falling and blowing snow. Nevertheless, our men worked outside throughout the winter and it is fair to say that we lost less time from outdoor work because of weather than we would have lost during a winter at home.

The food was good and adequate in amount. Fresh frozen items made possible considerable variety, though we all came to miss fresh eggs, fresh vegetables and fruit. Our quarters were comfortable though moderately crowded. We had washing machines and clothes driers and weekly showers in spite of the relative shortage of water. In the latrines there was running hot and cold water for shaving and washing. There was a good library and we had records for music. On Saturday nights we had a movie or an amateur hour and a ration of grog for all hands.

In spite of all this, the time passed

slowly and as the winter wore on, we grew homesick and depressed. The long darkness became very tiresome and we sorely missed our families. Movies and the austral aurora and occasional rations of booze were not completely satisfying. Even multivitamin capsules did not seem to help. There were no real breaks, but we grew moody and tired and going home came to be the most important aim in life.

Medically, things were fairly quiet. One man had a mental break and had to be in sick bay for several months. There was considerable trauma ranging from slight burns to broken bones. Carbon monoxide intoxication was a frequent occurrence, usually mild but in one case a near thing. One welder burned his



eardrum. Metal fume fever was common as a result of metalwork in closed and poorly ventilated spaces. There was no infectious disease during the period of isolation and cold injury was negligible. A very frequent complaint was insomnia, "Big Eye," as we called it. Caused, I thought, by interruption of the accustomed alternate night and day, combined with chronic homesickness, the complaint could be alleviated by two or three nights' sedation to re-establish the normal sleep pattern.

Somehow the job was done. We clicked off in succession the days which serve as landmarks in the Antarctic season—the autumnal equi-

nox, the departure of the sun on April 21st, the Winter Solstice, the Fourth of July, the return of the sun on August 21st, Labor Day, and the vernal equinox. Somehow, the time did pass and on the morning of October 16th, we saw the Admiral's R5D fly overhead, land to bring us mail, break our seven months' isolation and start the busy summer operation.

Soon the Navy and Air Force planes were flying back and forth to New Zealand, to the Pole, and to Little America. Soon the *Glacier* returned after battering her way for a month through the still frozen sea, and soon the camp population had tripled. The first airplane landing was made at the South Pole. Then the pole-base construction crew—20 of our wintering-over party especially picked for the job—were flown in to the Pole. Air Force Globemasters dropped load after load of equipment and supplies. By January the pole base was built and the people who were to winter at the Pole itself replaced our workers.

At sick bay, as throughout the camp, we were hectically busy all summer. In three months, from October to January we had 1600 outpatient visits. Everyone had a cold but fortunately, complicating infections were rare. There were many more injuries as a result of the increased number of personnel and activity. A catastrophic plane crash which killed four men and left four critically injured taxed our facilities to the limits for several days until we could fly the casualties to New Zealand. A snow vehicle fell through the surface of the ice, killing one man and immersing in the icy water five others. Snow blindness was common among the summer visitors who had not yet learned the necessity for the constant use of glasses.

At last, however, on the 21st of January, 1957, USS *Curtis* appeared through the ice, bringing our replacements. Welcoming them joyously, we congratulated them on their choice of duty and scrambled on board the ship to begin the long voyage home.



# Inside H. M. S.

## THE GRAND TOUR FOR INTERNSHIP

Sydnor B. Penick, '58

The normally sedentary Harvard medical student undertakes in his fourth year an elaborate and often extended pilgrimage to the outlying institutions of medical learning throughout our nation. These tours vary widely, some leisurely and studied in the tradition of Boswell, others colorful and hurried after the manner of Michael Todd. The general purposes are nevertheless the same in all cases: 1) to sell oneself to some hospitals, and 2) to be sold by other hospitals. There are salutary side-effects upon the student—such as the remarkable discovery that they have heard of seruloplasmin in North Carolina or that open heart surgery has been done in Minnesota for years. This is purely secondary to the main purpose, however, and will not be considered in this exposition. Here we will attempt to discuss and analyze the various methods of touring from several important points of view.

Planning an itinerary is no problem, because everyone goes to the same places, varying somewhat with one's class standing and special interests. More important than where one goes is how one is to behave at each individual hospital—is he to sell himself or to be sold? One might say

a little of each, and certainly this is so, but the author feels that the balance is always tipped in one or the other direction. The factors are immensely complicated, and must, in the best tradition of medical writing, be graphically represented. Note that in Boston, no one is ever sold by the hospital; even Walter B. Cannon would be selling. Note also that student B.Z., a middle-thirder, would sell himself in New York, but would have to be sold in Butte, Montana. Perusal of our graph leads to a further and more general conclusion: that being able to sell oneself is of overwhelming importance. Some words will therefore be given to the methods of rubbing internship committees the right way.

Manner and dress require a word. The grey flannel suit is standard, and we recommend it with one exception to be discussed below. One must be neat, but slightly tousled, creases must not be too sharp, shoes not too highly glossed. Handshake must be firm, gaze steady, voice clear—all standard Dale Carnegie stuff.

Interest in the hospital, with a trifle of careful flattery, is basic. For example, student H.S. was visiting his ninth-choice hospital in a small medical community. He is a person

of sophisticated tastes who has never lived in a community of less than 300,000 people. His wife has never seen a cow in the flesh, and they both would expire without a visit to the symphony once a month, and a nice *coq au vin* with a dry *Graves* in a quiet French restaurant once a week. He is interested in endocrinology, especially in the most elaborate and esoteric research on that subject. He is visiting a hospital 200 miles from the nearest city where the main research interest lies in a series of lobar pneumonias treated with penicillin. He is being interviewed by a hardy gentleman who wears boots and a plaid shirt.

*Interviewer:* "What are your hobbies?"

*H.S.:* "Fishing, camping, and ornithology."

*Interviewer:* "You don't think you and your wife would miss the bright lights?"

*H.S.:* "Doctor, we've had enough of cities, especially that Ivory Tower, Boston. We want to see real medicine in some real country."

*Interviewer:* "Splendid!"

Note: This student's first choice is Mass. General, and his second choice is Presbyterian.

The ultimate here was accomplished by an acquaintance of the author who actually spent the afternoon hunting quail with the chief of surgery at a country hospital. H.S.



could not have done this, because he probably would have shot the doctor's toe off, but my friend was slightly competent in these matters, and carried it off with such aplomb that he is undoubtedly first on their list.

A further basic point of great importance: know something about each hospital before visiting it. This has a corollary: if you know nothing, admit it! Don't try to fence. A disastrous interview is recounted below.

*Interviewer:* "What do you know about this hospital?"

*Student:* "Well, er . . . it's a first-class teaching hospital."

*Interviewer:* (annoyed . . . this is the 49th Harvard student he has seen) "Do you know the names of any of our staff men?"

*Student:* (shaken, groping . . . he remembers having seen the name Dr. X on a door as he came into the hospital) "Yes, I've read something by Dr. X."

*Interviewer:* "That's odd. Dr. X joined our staff last Tuesday, and he has never published anything." This student has, in the current jargon, "had it."

Academic standing has a great influence on the precise method to be used in selling oneself to the hospital. The upper thirder is of course in the most commanding position. He has only to prove himself warm and human, urbane and understanding—his academic position is not questioned. The middle thirder, however, must be all these things, and at the same time, must explain why he isn't in the upper third of his class. This must be done with extreme caution, and has to be totally implied, never stated. Below is an example of the shotgun approach. Note how the student implies *several* reasons for his academic mediocrity in a very short space of time.

*Interviewer:* "And your class standing is . . ."

*Student R.Q.:* "Middle third, sir. I was an English major and it took me some time to get going."

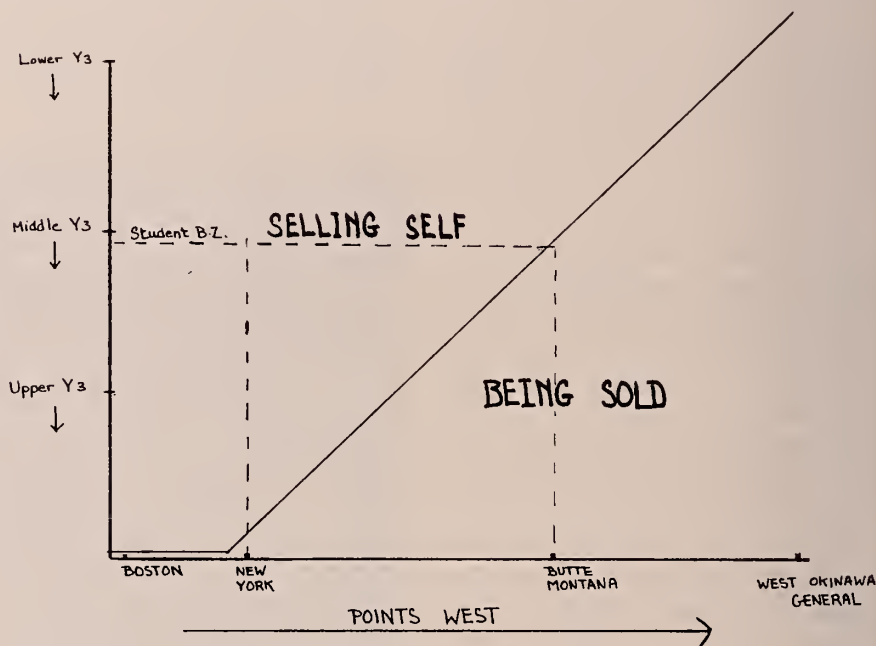
*Interviewer:* "You mean that you found the pre-clinical years

difficult with your background in the arts?"

*Student R.Q.:* "Yes, and I have tried to keep up with the arts; and of course I like to spend time with my family; and that little research project took time."

Note that the student has given four reasons for his middle-thirdism: 1) liberal arts background leading to early difficulty with pre-clinical science. 2) "Keeping up" with the arts. 3) love of wife and children. 4) a time-consuming research project. In point of fact, he looks at the pictures in *Life*, never sees his wife, and his

ever, it is pretty much old hat, and difficult to play convincingly. Perhaps better is the theory that above all, a lower thirder must make an unforgettable impression—of almost any kind. Exponents of this theory hold with modern advertising dicta that any impression is better than none. So besieged are the hospitals with applicants that lower thirders with standard approaches are almost certain to be forgotten. One way to play this is as follows. Dressed in a bright green sport jacket and smoking a large black cigar, the student paces impatiently up and down in



research project takes one hour a week. But no one could possibly carp at such admirable pursuits, and he has actually implied that he is much better than those upper thirders who grind all the time.

Far more difficult is the position of the lower thirder. The usual type of line for these individuals involves such roles as the good clinician approach—the man whose superb qualities as a physician and a human being have been stifled in Harvard's academic and esoteric hothouse. This is a good basic approach for the right hospital, and we suggest a sportcoat instead of a grey flannel suit, and a very warm, friendly manner, sprinkled with disarming naiveté. How-

the interviewers anteroom. As the door opens, he rushes in, shakes the interviewer's hand violently and trips over the interviewer's foot, falling heavily to the floor. This is sound work; it assures one of being remembered, and it puts the interviewer one down, for he must apologize, help the student up, etc. The interviewer is pleased, because this will make an excellent story with which he can introduce speeches and lectures for years to come. The student then sits down and crosses his legs so as to demonstrate plainly that his socks don't even nearly match. (Oddsocks are standard Gamesmanship equipment, and may be obtained by writing Mr. Potter). Again, we as-

sure the student of being remembered; and the interviewer's introductory story for speeches and lectures takes on new depths. The interview should go well for the student from this point on.

One further word to students of all thirds of any class. There is one interviewer who makes a hobby of guessing where you went to college. *Always* say that he has hit it right on the nose. When he looks at your application, etc., he will have forgotten what he guessed anyway, and the rapport gained by pleasing him in this very simple fashion is immeasurable.

Gamesmanship is thus a basic tool in internship acquisition. Since the small but revolutionary volumes of Stephen Potter were published, the perceptive individual has come more and more to realize that Potter's is an all-encompassing concept, and that it applies to all fields of human relationship, most especially to those situations in which an individual is "getting ahead." One need not further point out the importance of gamesmanship in all branches of medicine. Its relationship to this subject is blatantly plain.

The Bertner Foundation Award to "a physician or scientist for having made an outstanding contribution to some field of cancer research," was conferred on JACOB FURTH in ceremonies at Houston, Texas, March 7, 1958. Dr. Furth is a Lecturer on Pathology at the Harvard Medical School and Associate Director of Research and Chief of the Division of Experimental Pathology, Children's Cancer Research Foundation. The Award was established in 1950 in honor of the late Dr. E. W. Bertner, first acting director of the M. D. Anderson Hospital and Tumor Institute and first president of the Texas Medical Center. Dr. Furth received the award after delivering the annual Bertner Lecture on the topic, "Radiation Neoplasia and Endocrine Systems." The lecture centered on Furth's research

## HONORS

which concerns the induction of tumors in animals (mice) by irradiation or interruption of normal endocrine systems, or by a combination of both.

\* \* \*

ULLRICH GEORG TRENDELENBURG, Associate in the Department of Pharmacology, has been selected as one of 25 Markle Scholars for 1958. The award is made by the John and Mary Markle Foundation in New York to "aid young men and women planning careers in academic medicine." Each award is for \$30,000 to be used over a five-year period (\$6,000 annually) to help support the scholar in his research activities.

Dr. Trendelenburg received his M.D. degree from Göttingen, Germany. Formerly an assistant in pharmacology at the University of Mainz, he came to the United States and to Harvard in the fall of 1957. He is noted for his contributions to knowledge concerning the action of drugs on the autonomic nervous system. Dr. Trendelenburg is the grandson of the late Dr. Friedrich Trendelenburg of Leipzig, distinguished for his many contributions to the field of surgery.

\* \* \*

On February 26 seven hundred physicians, scientists, associates and friends of SHIELDS WARREN, '23, gathered to pay him tribute at a 60th Birthday Celebration in the Hotel Statler-Hilton, Boston. The occasion marked the establishment of the Shields Warren Fund to endow professorships in medical education at Boston University. Dr. Warren, Chief of Pathology at the New England Deaconess Hospital, and Professor at Harvard Medical School was praised for his contributions to medicine, to cancer control, to the Armed Services, to Harvard Medical School, to the New England Deaconess Hos-



Warman—New York Herald Tribune

Dr. Warren

pital and to the Atomic Energy Commission. Dr. Warren is scientific director of the Cancer Research Institute of the New England Deaconess Hospital. He is a leading authority on the effects of atomic radiation on man. He served as director of the Division of Biology and Medicine of the Atomic Energy Commission from 1947 to 1952 and is a current member of its advisory board. He is also United States Representative to the United Nations Scientific Committee on the Effects of Atomic Radiation.

Among the guests who honored Dr. Warren were Admiral Lewis L. Strauss, Chairman of the Atomic Energy Commission, Dr. Richard B. Cattell, '25, Director of the Lahey Clinic, Francis W. Capper, Chairman of the Executive Committee of the New England Deaconess Hospital, Brigadier General Elbert DeCoursey of the Armed Forces, Dr. Sidney Farber, '27, Scientific Director of the Children's Cancer Research Foundation, Edward A. Weeks, Editor of the *Atlantic Monthly*, and Dean George P. Berry.



# DIAGNOSIS DEFERRED

## "Club Life at H. M. S."

Gluyas Williams' prewar cartoon series on "Club Life in America" seems to have served as a sort of diagnostically deferred launching pad for a reminiscence of some, at least, of the clubs, societies or associations that have existed in relation to the Harvard Medical School.

In the small group that comes easily to mind the Boylston Medical Society stands out as the hoariest and probably the most consistently intellectual of the lot. Others have had their educational value, but the Boylston, founded on January 6, 1811, for the "amplification and advancement of undergraduate Medical education in the Harvard Medical School," had its sights firmly fixed on the goal to which all medical students aspire, whatever that may be. It was incorporated in 1823 and named somewhere along the line for its chief benefactor, Ward Nicholas Boylston, né Hallowell, who took the name of his mother's uncle, Zabdiel Boylston, at the latter's insistence.

The vaguely recollected Innominate Club had also some academic significance in reference, presumably, to bones and especially those bounding the false or major pelvis.

The Aesculapian Club, brain child of Townsend Thorndike, came into being in 1902 "for the purpose of aiding the Harvard Medical School in its various problems in general and in the improvement of medical teaching in particular." Another object of equal, if not at times of paramount, importance was "to foster the social spirit among the members." The seal of the Club, consisting of a bearded head, facing left and surrounded by a circular serpent may have given rise to some confusion among medical historians since it is surmounted by Ambrose Paré's famous aphorism regarding the healing

of wounds once they are properly dressed. No one who participated in the spring dinners of forty years ago at the Exchange Club, in downtown Boston, will forget the quaint concept of formality that prevailed.

In the same year that the Aesculapian Club was established at Harvard, Alpha Omega Alpha was founded at the University of Illinois as a "protest against the rowdiness and boorishness that were too often taken to be characteristic of the medical student of the period." The eighth chapter of the honor society with the symbolic sternal-form key, like a shining breastplate, was established at Harvard in 1906.

Significant of the part that medical students have traditionally played in the general progress of obstetrics, the Stork Club has represented to a favored few of many student generations the citadel and sanctuary of the blasé gentleman midwife. Eagerly its members once leaped up the narrow stairs of the old Wardroom Club on Boston's waterfront, to its famous annual dinners, and less securely, a few hours later, let themselves down again with the aid of the ships' hawsers that served as hand rails. Part of the dinner ritual was the recitation of the Ballad of Chambers Street by all who could remember it, with the aid of those who could not, and the singing of "The buzzy bell rings and away we go" by Torr Harmer and chorus. This dinner was the event that Chub Newell, professor, and Charlie Green, professor emeritus of obstetrics attended in alternate years, by unwritten arrangement. Those were the days when students used the celebrated edition of the Department's handbook, in which they were instructed, through the genius of some typesetter, to "shave or clip the public hair."



*An enlarged photograph of the silver stickpin worn by members of the Cardiac Club.*

The Cardiac Club seems to have had its origin in one of the hoaxes indigenous to the pursuit of medicine. A wealthy Cuban medical student, Ramon Guiteras, having matriculated in the class of 1883, was invited to join an imaginary club called the Cardiacs. The initiation was a sumptuous dinner at his expense. Enchanted by his own gullibility he gave the club substance, designed a stickpin for it in the shape of a heart, and carried on, at least for his time.

Most bizarre of these congenial associations was the Medical Faculty, or Med Facs—entirely unrelated to the group of distinguished gentlemen at the dispensing end of medi-

cal education in the various institutions that now comprise the Harvard Medical Center.

The "Medical Faculty," according to Hall<sup>1</sup> and other unimpeachable authorities<sup>2, 3</sup> was "established one evening after commons, in the year 1818, by four students of Harvard College, James F. Deering, Charles Butterfield, David P. Hall, and Joseph Palmer, members of the class of 1820." Deering was the first president "much esteemed for his talents, but died early, the victim of melancholy madness."

As the idea took root and flourished it acquired prestige among the student body at Cambridge, candidates for admission being sternly examined. Degrees were conferred on all the members—M.D. for doctor of medicine, D.M. for student of medicine. A catalogue, the product of considerable labored erudition, was published every three years, after the fashion of the College's Triennial Catalogue.

Among the more solemn of the functions assumed by the Med Facs was the conferring of honorary degrees such as that awarded to "Andreas Jackson, Major-General in bello ultimo Americano, et *Nov. Orleans Heros fortissimus*, et ergo nunc Praesidis Rerumpub. Foed. muneris *candidatus* et 'Old Hickory,' M.D. et M.U.D. 1827" et cetera. Others were conferred on "Cheng et Heng, Siamesi juvenes," and Day and Martin, manufacturers of the famous polish that blacked the boots of the British Empire and the late American colonies.

The most famous of these honors, of course, was the "M.D. Med. Fac. honorarius" conferred on Alexander I of Russia in 1825. It was accepted with humble dignity, and a gift of an elegant set of surgical instruments was reputed to have been received by the School. This, however, has never been authenticated or the gift located.

The occasion was commemorated

in Winslow's Class Poem in 1835:

What though she sped her honors  
wide and far,  
Hailing as son Muscovia's haughty  
Czar,  
Who in his palace humbly knelt  
to greet,  
And laid his costly presents at  
her feet?

One of the discourses delivered before the society itself was on the subject "De mortuis nil nisi bonum" or "You can get nothing from dead men but their bones."

The Med Facs were first suppressed by the authorities in 1834 and finally, so far as is known, in 1905.

#### REFERENCES

1. Hall, B. H. *A Collection of College Words and Customs*. Cambridge: Pub. by John Bartlett, 1856.
2. Quincy, J. *Figures of the Past*. Boston: Little, Brown and Company, New Ed. 1926.
3. Morison, S. E. *Three Centuries of Harvard*. Cambridge: Harvard University Press. 1946.

## REGIONAL ACTIVITIES

### Birmingham

A luncheon, in honor of Merrill C. Sosman, M.D., Visiting Professor of Radiology at the Medical College of Alabama, was given by Tom D. Spies, '28, at the Mountain Brook Club on January 28, 1958. Dr. Sosman is also Professor of Radiology at the Peter Bent Brigham Hospital, *Emeritus*, and Consultant in Radiology at Massachusetts General Hospital. Nineteen Harvard Medical School Alumni were among the guests to honor Dr. Sosman. In addition to the host, Tom Spies, three Harvard Medical graduates sat at the speakers' table, Champ Lyons, '31, Cully Cobb, '42, and John Shillito, '52. As to the success of the luncheon Dr. Spies reported, "Merrill was wonderful, and the luncheon went well."

## ALUMNI DINNER DURING ANNUAL MEETING OF THE A.M.A. SAN FRANCISCO WEDNESDAY, JUNE 25TH

Cocktails—6:30 p.m.

Dinner —7:30 p.m.

\$10.00 per person

(Cost includes cocktails, tips, etc.)

#### Speakers:

President of the Harvard Medical Alumni Association  
Dr. Thomas H. Lanman, Director of Alumni Relations  
Dr. George Packer Berry, Dean

**RESERVATIONS:** The Dinner Committee urges those planning to attend to make reservations as soon as possible. Reservations may also be made at the Harvard Medical Alumni Association Booth at the American Medical Association Convention. Checks should be made payable to:

Herbert C. Moffitt, Jr., Treasurer  
909 Hyde Street  
San Francisco 9, California

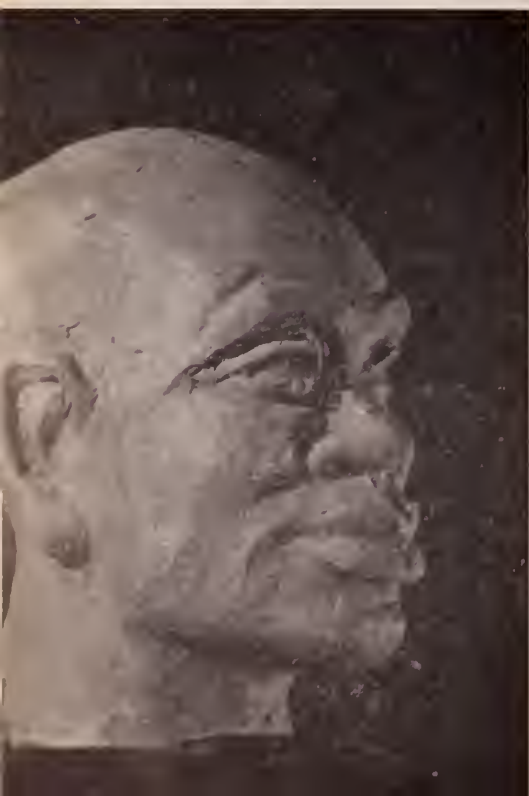
We hope that all Alumni attending the American Medical Association Meetings and those not attending, but who are in the vicinity, will make every effort to attend the dinner. We are sure that all will enjoy the program planned.





(Untitled) Mark D. Altschule, '32

"Ah Don't Believe It." Alfred A. Weinstein, '33



Sidney C. Wiggin, '20

est Daughter of  
B. Cannon, '00



Facial Cast With Skull Plate  
Alvin E. Strock, M.E.



"The Psychoanalyst." Mark D. Altschule, '32



# Portable Electrocardiography;

or,

## Medicine on the Jump\*

*Albert Salisbury Hyman, '18*

By the end of 1941, electrocardiography had been accepted as an integral part of clinical medicine; nearly every hospital boasted of at least one instrument in good working order and there were a large number of physicians who owned machines but who did less boasting and more cussing. Portable electrocardiography in particular was still plagued by a group of recognized gremlins which had cast official doubt on the inclusion of the procedure within the context of the war plans of the Medical Department of the Navy. Pending a decision of the word, "essential," I had constructed a versatile instrument while on duty at the Brooklyn Naval Hospital which I carried along as personal gear when I joined Cub 13 Medical Unit of Task Force 38 at Moffett Field, California in July 1942. It became a victim of a series of unlikely mishaps and was never used.

In the course of time and as the combat area centered around the Solomon Islands, Cub 13 and Cub 1 Medical Units combined to form U. S. Navy Base Hospital No. 3 on Espiritu Santos Island of the New Hebrides group. In March 1943 I returned from Guadalcanal and became the Chief of Medicine of the hospital, which at the moment was the largest advanced medical facility in the South Pacific, with a bed capacity of about 1800. I had picked up in New Caledonia and other spots in the area, an old battered string galvanometer. A recording unit from another set was joined to a lighting system in a semi-functional manner; lacking a motor, the paper was drawn across the camera lens by a tricky hand crank. After a period of training, my worthy corpsman, Bullet Muldoon, managed to pull the paper at a more or less satisfactory speed and except for certain conduction disturbances, the tracings were readable.

Developing was no great problem since the X-ray Unit permitted free use of its developing tanks, but from the beginning, the question of the lighting system was a constant threat. The original galvanometer was supplied with a 14-volt electric

bulb; in the field 14 volts is not a ready type of electric current. A Seabee engineering genius built a resistance unit which was about twice the size of the electrocardiograph to cut the available current from 110 volts to the desired 14 but in the experimental stage all of the spare 4 bulbs burned out leaving the single usable lamp which did yeoman duty for about a month. As luck would have it, it gave up at the very moment when high brass from the fleet came into the ECG hut for examination; he had traveled a few thousand miles by air for the tracing and a difficult situation was presenting itself when an alert was sounded. After the dust from a stick of bombs had cleared away, the entire electric system of the base blanked out; the situation was temporarily saved but a new source of light had to be secured and quickly for the machine.

We learned by the omnipresent grapevine method of camp communication that a crippled aircraft under repair nearby was supplied with a 32-volt battery unit and that some of the light bulbs used on the ship were also of this voltage. *Ipsa facto*, the battery and bulbs became a part of the ECG assembly and the officer went away with glowing praise for

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\* An unpublished medical tale from the author's "Breakfast on Guadalcanal," a collection of stories written in the South Pacific during the early days of World War II. Like all other wartime anecdotes concerning great and near great personalities, a recognized time factor is respected and since the chief characters of the tale have long since passed from the scene, this minor episode is revealed.

the nice tracing which he had received. The next day, a 32-volt motor was liberated from the same source and the hand-driven camera was a thing of the past.

Electrocardiographic paper was always in short supply in the jungle; the machine made use of paper 58 mm. in width. This was quickly found to be gross extravagance; the rolls were cut in half to a 29 mm. width. Later the paper was cut into three parts with a tracing width of about 19 mm.; it was surprising and not a little gratifying to find that most ECG's could be recorded on such narrow paper without losing much clinical significance. Finally, the paper ran out completely; the tightly guarded supply had permitted the study of some 35 cases of dengue.\* We were fortunate that a Marine Corps photographic unit had arrived at the base to take moving pictures; under the barter system in vogue at all jungle installations, a goodly supply of 35-mm. motion picture film was transferred. About 2500 feet were obtained and this lasted us throughout the active days of the base.

One dismal morning in April 1943 after an all-night alert, word came that an XVIP (extra very important person) had apparently experienced a heart attack at an advanced island area about 450 air-miles away; please send cardiologist and MUCIS without delay. "MUCIS" within the context of the situation meant the electrocardiographic combine which had affectionately acquired the name from the supply department's listing: Medical, Unclassified, Cardiac Instrument, Special. With loving care and no little misgiving, MUCIS, minus power supply, was prepared for a possible parachute drop together with afore mentioned medical officer and 2 hospital corpsmen. The trip was uneventful until the pilot spotted hostile aircraft near the landing strip; after a hurried conference it was decided to drop

MUCIS at a certain jungle landmark to be picked up by the ground combat medical personnel. This we did. About two hours later we made another try and were ourselves able to land without further ado on the coral airfield. A small group of medical officers was waiting.

"Glad to see you but why did you take so damn long?" the senior doctor growled. "We're having one hell of a time with the Old Man."

"Didn't you see those japbastid planes all over the place when we came in the first time?"

"Sure, but you could have slid down in between them on a hurry-up job like this. The Old Man is raising hell about the lousy medical service that he is getting from the finest Navy unit in the field. And I do mean the best!"

"What's wrong with him?"

"I think it's a coronary but he says it's acute indigestion from some fried filet of stuffed cocoanuts he had yesterday. He should have stayed on a diet. By the way, where is that fancy ECG machine that we heard so much about and you're supposed to bring along?"

"Didn't you get it in the jungle over there? We dropped it on the first try over. We thought that you would have it all ready by the time we got in. It's near the swampy area at the top of the strip. We . . ."

"That's just dandy. You couldn't have picked out a better place. It's filled with Japs. It's the only place we haven't been able to clean out. We lose a man a day over there. The Old Man will be glad to get the good news. Come along and tell your own story. Every man for himself on a job like this."

Our corpsmen and a detail of Marines were sent on a foraging mission to liberate MUCIS while we made our way to the distinguished patient's tent. He was sitting on the edge of a cot when we entered. As is normal under the circumstances when ambient midday temperature is 120° F in the tropics, it is usually 30 to 40° higher under canvas; his tent was no exception. He greeted us with a quizzical smile as he made

a feeble gesture to clear the dripping sweat from his eyes.

"Doctor, I think I have a little fever but it could be that I'm just stewing in this lovely hothouse medical suite," he began. "They tell me that I have a heart attack but I know damn well it's my stomach again. My wife always tells me that I ought to be more careful about what I eat. I used to have a weak stomach years ago but the way I've been throwing up, it must be a good strong one. Anyhow, I still don't feel so good. Maybe it is my heart and I'm glad that you are here to look me over. And, by the way, where is that heart machine that you are bringing along?"

The heat and smell in the tent was not doing any of us any good either. I decided that the time was not propitious enough to discuss the situation in regard to MUCIS. I told him to lie back on the cot and, with the aid of the sweating medical officers, we moved him out into the relative coolness of the ambient air. I made a slow and, albeit, the most complete physical examination ever performed in the tropics with the hope shared by all that sooner or later the ECG machine must show up. Whenever I faltered and delaying tactics seemed to be at an end, someone would save the situation by suggesting yet another test or the repetition of a previous procedure. The sun was dropping behind a distant hill when chow was sounded; we all agreed that the patient should take a little nourishment and perhaps a rest before the ECG tracings were made. We promised that we would be back later and finish the tests; he said that he was now feeling much better as a result of the very lengthy examination for which he thanked us.

A hasty conference at the Officer of the Day's tent disclosed that the rescue party had met up with some expected difficulties; the parachute had been easily located but heavy enemy fire had kept the men at a distance. With nightfall there appeared to be a better chance of success and we all went over to a palm

\* The Heart In Dengue, *War Medicine*, 4:497, Nov. 1943.



tree barricade waiting for total darkness. Total darkness never came; as luck would have it, a full moon threw the entire lagoon swamp into a brilliantly lighted area with every shadow reflected from the becalmed waters. For a long time nothing stirred; suddenly at 2330 hours a torrential thunderstorm crashed over the area and with one accord everyone went forward.

It was not long thereafter when there was great jubilation in the compound; in addition to rescuing MUCIS, the party had bagged 5 prisoners, a supply of ammunition, and some much needed rubber boots. We quickly removed the dripping cover from the ECG machine and found all parts making up the assembly to be in reasonably good working order. All we needed now was a supply of 32-volt current. "Where are we going to get a 32-volt current

A husky CB on patient status with a splinted fracture of the left humerus took over; by sheer electro-mechanical alchemy he joined the 4 batteries with the stepped-up generator of the CO's dilapidated jeep and 32 volts was produced. However, this must be said; in order to produce the 32 volts, the motor was forced to run at full speed which, with a broken muffler and the rattling of sundry loose parts, created a din that brought a gunnery officer on the double. He watched the procedure for a moment and then with a characteristic understatement yelled into my ear, "I will admit that it has about the same decibel clearance as our 14-inch babies but it certainly isn't much louder!"

It was now 0200 hours but I decided that under the circumstances there was no time like the present and with a little persuasion the medi-

the dead. Please get it out of here before I get into trouble."

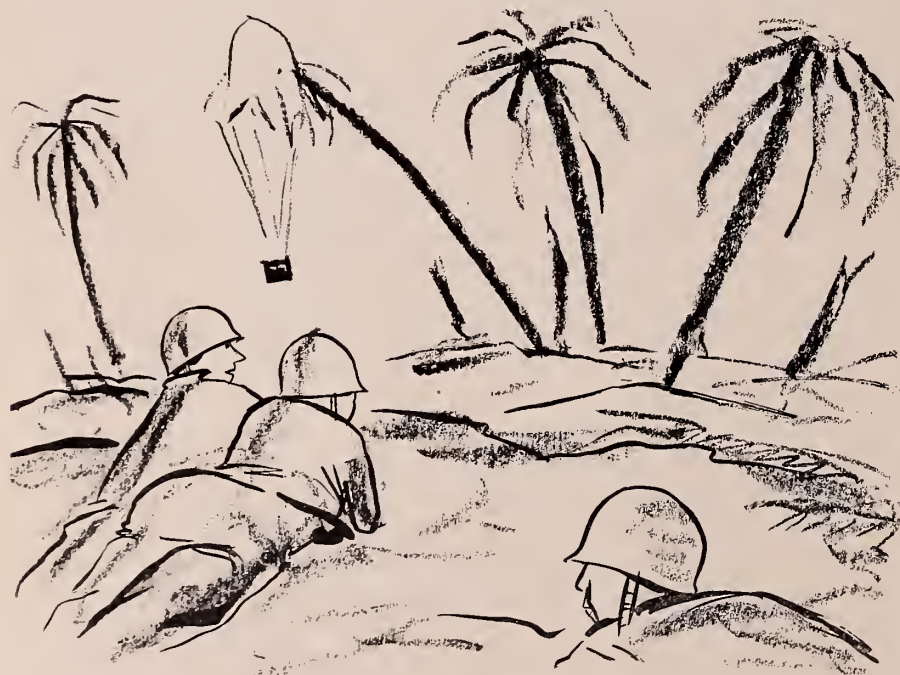
The Old Man, however, slept soundly throughout the din; he was lying comfortably upon his back with both arms and legs exposed as well as his chest. "He's in just the right position to take a tracing," I said to the senior medical officer, "and we will have to take a chance regardless of the regardless. If we can get the electrodes on without waking him, the job will be over in a few minutes. Somebody will have to handle the Marine. He's only doing his duty. Let's get going."

The Marine boxed, electrodes were quickly applied and cables were drawn through an opening in the tent to the jeep about 20 feet away. On signal, the motor was speeded up, 32 volts was produced, and the tracings were promptly obtained without delay subject to the normal vicissitudes of the night-time jungle with its intermittent rain squalls and voracious mosquitoes. Also subject to a huge crowd of onlookers who came dashing from their tents attracted by the noise and wondering why an alert had not been sounded. Mission completed, the jeep was reloaded and the crowd was dispersed with the help of the Marine guard who appeared dumbfounded at the whole proceeding. All would have been well except for a slight mishap; in turning the jeep around in its close quarters between several hospital tents, the rope shrouds of the patient's shelter became fouled up with the many hooks on the little car and the old man's cot was carried out just as the whole tent collapsed.

He was awake when the cot was put down in the nearest clearing; he sat up on the edge and looked unbelieving at the scene. It was the noise, I recall, which seemed to impress him the most. "Are you ready to make that heart test on me, Doctor?" he shouted above the din of the jeep and the sound of the torrential rain as it hit the palm trees.

"The ECG tracings have already been made, Sir."

"Fine, but I didn't know that you



"... a swampy area . . . filled with Japs. . ."

out here?" the senior medical officer looked wearily at me. "This is the last straw. I'm licked. . . ."

"That's easy," one of my corpsmen spoke up. "We always take some batteries out of the cars and hook them together. All we need are 5 batteries and . . ."

"But we only have 4 cars in the whole pool!"

cal officers accompanied me back to the patient's tent. He was asleep; a determined Marine guard stood at attention. "I'm sorry, doctor, but he told me not to wake him up for anything and he did mean, regardless." Then he pointed disgustedly at the loaded jeep which the corpsmen were pushing toward the tent. "That noisy rattle-can would wake





*"Are you ready to make that heart test on me, Doctor?"*

had to take the tent down to get them. That machine must take up a lot of room and it's a noisy damn thing, isn't it? Is it all right for me to get out of this bath tub now or is this a part of the test. I think I heard once about the cold water test for blood pressure at the Naval Medical Center. Have I got blood pressure?"

We took the distinguished patient over to the SMO's quarters for the rest of the night. The ECG films were developed and showed minor but suggestive changes in a few ST segments and T-waves; a presumptive diagnosis of coronary disability was made and on the following day he was safely flown back to a Navy base hospital where he made a rapid recovery and returned to active duty in time for the Okinawa affair. The two corpsmen and MUCIS went back uneventfully to our unit while I spent the next few weeks on another mission.

It was about 1600 hours on May 1st when I finally reached the air strip on our island base; my CPO met me with his jeep. Instead of his usual cheery demeanor, Bullet Muldoon was gloomy and depressed. "What's wrong with you, Chief?" I asked after we climbed into the

battered little car. "Let's have it without any introductions." I recalled that Muldoon was given to long tales which never had any ending.

"Bad news, Sir. It's about MUCIS."

"I thought it got back all right from that last job. Didn't it?"

"Oh sure. Everything was okay after that time but we had another call about 4 days later. You weren't here so the OD told me to take it over to an emergency heart case at a station near Ring Bolt. I was the only one outside of you who knows how to put it together for flying. First we flew and then they had to put me in a PT boat but when we got near the shore they had trouble and I tried to swim to the beach with it."

"With the cover, batteries, and all the other gear, it must weigh over 125 pounds. You could swim with such a load?"

"No. I found that out pretty quick."

"Don't tell me what happened. Did you mark the spot?"

"Well, sir, after the raid was over, I went back with 4 other guys and we finally located the area. We did a lot of diving but we could only bring up a few pieces of stuff. I

have it all over in the x-ray hut lab. Maybe you had better take a look at it now. We have quite a few ECG requests piling up and I didn't dare tell anyone what happened. You know how those big mouths . . ."

There was not very much left of MUCIS when the rescued parts were assembled; fortunately the galvanometer and string units were in working order. A new lighting system was devised and by diligent trading a lens-less 35-mm. motion picture camera was secured. This was fastened by CB magic to the galvanometer housing and soon tracings (without time lines) were in full vogue again. MUCIS II served faithfully until November 1943 when it was nearly replaced by a shiny new electrocardiograph with handsome control knobs and chrome accessories; only one thing was missing. There was no supply of photographic paper for this particular model. For some time thereafter, visiting firemen were shown the beautiful ECG machine and then were given MUCIS II tracings to read on their patients. It is unnecessary to dwell further on this part of our saga. A supply of paper reached the base on the day that I left for another assignment; our unit had been ordered to sojourn in the splendors of New Zealand pending a well earned convalescence and rest.

We were standing at the Navy bar in the Grand Hotel in Auckland about 6 months later; it was an informal meeting of the Harvard Non-Missing Officers Club. Eight members in good standing and 2 in reclining status were reminiscing. A distinguished officer of flag rank came over and held out his hand.

"Doctor," he said with a smile, "You probably don't remember me, but I doubt that I will ever forget what you and your other medical officers did for me just a year ago, tonight. Never before and certainly not since, have I been the lucky recipient of such individual medical attention. I just want to say . . ."

In the flashback I quickly recalled that episode in the career of the original MUCIS; this, then, must be



the XVIP that was the focus of so much activity that night during the early part of the Guadalcanal campaign. I had often wondered what had finally happened to him and what he had thought about the whole unbelievable affair. He was still talking as he raised his glass in toast.

"... and I regard you gentlemen with sincere gratitude and I hope that you may continue with your fine work for many years to come."

"Thank you, Sir. I trust that you made a complete recovery and are feeling quite well," I said with some hesitation.

"Yes, sir, I have never felt any better. Of course, I still have a weak stomach but I cannot seem to resist fried filet of stuffed cocoanuts. When I stick to my diet, I'm in good shape."

"Did you have any more ECG's taken later, Sir?" It was a big mistake; I should never have opened up the subject. I always fall into this kind of a trap. I should have let him play the opening gambit.

"Well, Sir, I'm glad that you mentioned that. You know, I was honestly a bit scared to have them make that test again when I got back to the base hospital. I didn't think that I could stand all that noise and especially that dunking in the bathtub. But they had a muffler or something on the machine and I didn't hear a sound. They also said that the bathtub wasn't necessary at the time. I guess that you doctors only have to do that the first time..."

I thought that I saw a twinkle in his eye as we all reached for another toast. When he left, I recounted the tale to any of the members who were still interested and eventually 21 medical officers raised a final toast to the memory of MUCIS the First; I don't recall at the moment how all these other men got into the celebration but they each had a kindly word and thought about a war-scarred machine with the unlikely name of MUCIS, which was officially listed by the Supply Department as "Medical, Unclassified, Cardiac Instrument, Special."

## HARVARD IS HOST AT UNIVERSITY SURGEONS' MEETING

On February 13, 14 and 15, the Society of University Surgeons held its Nineteenth Annual Meeting in Boston, with Harvard as the host university. The Society had been here once before, in 1947.

This meeting was opened on Thursday, February 13th, with a meeting in Building D of the Medical School, presided over by Dr. Richard Warren, '34. Dr. Oliver Cope, '28 welcomed the society for the Medical School and Dean McGeorge Bundy for the University. As is the custom of the society, the Thursday program was entirely devoted to work going on at the host university. The program was as follows:

### SYMPOSIUM ON BLOOD FLOW AND RELATED PROBLEMS

Dr. Richard Warren, Presiding

*Oxygen Supply to the Renal Tubules.* Dr. John R. Pappenheimer—Department of Physiology, Harvard Medical School

*Pulmonary Blood Flow.* Dr. James L. Whittenberger—Department of Physiology, Harvard School of Public Health

*Coronary Collateral Flow Studies.* Dr. Howard A. Frank, Dr. Peter Lambert and Dr. Sven Bellman—Beth Israel Hospital

*Perfusion Rates, Biochemical and Clinical Results in Extracorporeal Circulation for Children.* Dr. Lester R. Savage—Children's Hospital

*Liver Blood Flow in the Dog.* Dr. William C. Shoemaker, Dr. Louis I. Smith and Dr. Richard W. Steenburg, '48—Peter Bent Brigham Hospital

*Some Observations on Hepatic Flow in Man.* Dr. George L. Nardi and Dr. Hugo M. Palazzi—Massachusetts General Hospital

*The Effects of Hemorrhage on Adrenal Blood Flow and Hormone Output in the Dog.* Dr. William F. Walker—Peter Bent Brigham Hospital

*Superior Mesenteric Arterial Insufficiency.* Dr. Robert S. Shaw, '45, Dr. Edward P. Maynard, Dr. W. Hardy Hendren, 3rd, '52 and Dr. Donald Glotzer—Massachusetts General Hospital

*The Effect of High and Low Viscosity on Capillary Flow.* Dr. Lars-Erik Gelin—Peter Bent Brigham Hospital

### SYMPOSIUM ON TRANSPLANTATION OF TISSUE AND ORGANS

Dr. Francis D. Moore, '39, Presiding

*Kidney Transplantation Between Identical Twins: Indications and Surgical Treatment.* Dr. Joseph E. Murray, '43B and Dr. J. Hartwell Harrison—Peter Bent Brigham Hospital

*Current Approaches to the Study of Homografts.* Dr. John P. Merrill, '42—Peter Bent Brigham Hospital

*Biochemical and Functional Studies in Extracorporeal Kidney Perfusion.* Dr. Nathan Couch, '54—Peter Bent Brigham Hospital

*Transplantation of Bone Marrow; The Sex Leucocyte Tag.* Dr. Kendrick A. Porter—Peter Bent Brigham Hospital

*Induction and Transplantation of Hormone Responsive Tumors.* Dr. Jacob Furth—Children's Medical Center

*Experience with Experimental Adrenal Cortical Transplantation.* Dr. Paul S. Russell and Prof. P. B. Medewar—Massachusetts General Hospital and University College, London

*Endocrine Tissue Transplantation Using the Millipore Membrane.* Dr. John R. Brooks, '43B, Dr. Albert C. G. E. deScoville and Dr. Julio C. Priario—Peter Bent Brigham Hospital

*Recent Progress in the Transplantation of Human Tumors.* Dr. W. Bradford Patterson, '50—Boston City Hospital

### SYMPOSIUM ON METABOLIC STUDIES

Dr. William V. McDermott, Jr., '42, Presiding

*Comparison of Simultaneous Distribution of  $Mg^{28}$ ,  $K^{42}$  and  $Ca^{45}$ .* Dr. Benjamin A. Barnes, Dr. Gordon Brownell and Dr. Oliver Cope—Massachusetts General Hospital

*Molecular Configuration of Collagen Fibrils and its Relation to Calcification.* Dr. Melvin J. Glimcher, '50—Massachusetts General Hospital and Massachusetts Institute of Technology

*A Rate Limiting and Vulnerable Step in Urea Synthesis.* Mr. Don C. Pearl, Jr., and Dr. William V. McDermott, Jr.—Massachusetts General Hospital

The major portion of the scientific program, as well as the Dinner Dance Thursday night were held at the Sheraton Plaza Hotel.

Dr. Francis D. Moore, A.B. '35, M.D. '39, has been president of the Society during 1957-58. On Friday evening, the Annual Banquet of the Society was held at Kresge Hall of Harvard Business School. Dr. Moore gave the presidential address. His subject was "The Role of the University in American Surgery."

The arrangements for the meeting were carried out by a committee under the chairmanship of Dr. William V. McDermott, Jr., M.D. '42.

# Arthur Wilburn Allen

## 1887-1958

Arthur W. Allen, a son of Harvard by adoption, died at the Phillips House on March 18th. Born the son of a schoolteacher-pharmacist in Kentucky, educated at Georgetown College and Johns Hopkins Medical School, he became a House Pupil at the Massachusetts General Hospital in 1913. From that day forward he dedicated his talent and energy to the support of that institution, to the development of the science of surgery, to the encouragement and instruction of his younger colleagues, and to the devoted and meticulous care of his thousands of patients.

Rising through the various ranks of staff appointments, he became chief of the East Surgical Service and Lecturer in Surgery at Harvard Medical School, 1936-48, then Consultant in Surgery and Consulting Visiting Surgeon as he retired from active undergraduate teaching. Since 1953 he had served as Trustee of the Massachusetts General Hospital under gubernatorial appointment. His contributions to the surgical literature comprise approximately 126

articles dealing chiefly with vascular and abdominal topics. His service to professional organizations included in 1947-48 the Presidency of the American College of Surgeons and the Chairmanship of its Board of Regents, 1948-51. He was President of the Boston Surgical Society in 1942; of the Society for Vascular Surgery in 1948; of the Massachusetts Medical Society in 1949; and of the Pan-Pacific Surgical Society, 1954-57. In addition, he was Chairman of the surgical section of the American Medical Association in 1942; and of the United States Committee of the International Society of Surgery in 1950.

The honorary degree of Doctor of Science was given to him by Georgetown College in 1943, and Harvard University formally recognized his achievements by bestowing a similar degree in 1952—an accolade which he prized greatly. He received the Bigelow Medal of the Boston Surgical Society in 1956.

Dr. Allen's accomplishments were generously recognized by foreign

governments and professional societies. The King of Norway conferred upon him the Knight's Cross of First Class of St. Olaf's Order in 1946. He was made Honorary Fellow of the Royal College of Surgeons of England in 1947, and in 1950 he delivered the Hunterian Lecture, was made a Fellow of the Royal College of Surgeons of Edinburgh and, with Mrs. Allen, was formally received by Queen Mary. He was also an Honorary Fellow of the Royal Society of Medicine of England and a member of the French Academy of Surgery.

He saw active service in the First World War in France; and during the Second, was Consultant in Surgery to the Army and to the Secretary of Defense.

From 1953 to 1958, Dr. Allen was President of the Boston Medical Library. He envisioned this institution as the cornerstone of medical research in New England. Under his guidance the scope and the activity of the Library were greatly expanded. Significantly, his stimulus has insured that its work will be enlarged by his successors.

The impetus to study medicine



*Dr. Allen*



came to Dr. Allen at an early age. At Johns Hopkins he was guided in preclinical studies by Mall, Howell, and Welch. Later, he came under the sway of Thayer, Barker, Osler, Halsted, and John M. T. Finney. It was the latter who influenced him to come to the Massachusetts General Hospital for an internship.

At the Massachusetts General Hospital he was caught up in the tradition of surgery as it was exemplified in the lives of Maurice Richardson, Charles Allen Porter, and especially George W. W. Brewster—a tradition which he described as having produced a more militaristic regime than he saw later in the Army of the United States! Following two years of house officership, in 1915 he became assistant to Drs. Porter and Brewster. These were still pioneer days in surgery, and he was fond of recalling the stories of itinerant operating. During these years, his early habits of scholarship were not neglected. He read the entire surgical literature perceptively and had a phenomenal memory—a custom from which he never deviated. At the time of his death he had read the surgical journals of March, 1958.

Life did not deal more kindly with Dr. Allen than with other men. In 1940 he required an abdominal operation which disclosed an incurable disease. Faced with the specter of an early demise, he resumed his work with a new sense of urgency and with a heightened sensitivity to the suffering of his fellows. With the aid of repeated series of x-ray treatments he was granted a respite of 18 years, but the feeling of urgency

to complete his work never subsided. During his last illness he remarked, "You must remember me as one who did his best work after he had a fatal disease."

There is no key word broad enough to categorize Dr. Allen's greatness, but it is certain that he could not have attained such prodigious achievements without great skill in organization. Habits of neatness, orderliness, and punctuality characterized his personal life. His thought was reflective, well-ordered and logical. His habits of study were methodical and consistent. His pre- and post-operative care was laid out in routines which represented the distilled essence of current measures essential to the safe transport of his patients through their surgical experience. Even the sequence of steps in his operations was followed in an invariable pattern—the technique which he had carefully considered to be the safest and most efficient available—so that his assistants could be swift and deft in following his lead. Yet, despite his carefully considered technique and his age, he sought out and adopted progressive changes with remarkable mental agility.

Another aspect of Dr. Allen's organizational ability is manifest in the group of younger associates whom he drew around him. Early in his career he recognized the advantages of this system in providing more continuous and efficient care of his patients and in encouraging the professional development and maturity of his juniors.

No portrayal of Dr. Allen can be complete without some indication of

the breadth of his interests and the zest of his enjoyment of life. "Jim-mie," as his friends knew him, though a man of moderate appetites, relished good food and drink, and loved his Pittsburgh stogies. He read avidly mystery and adventure stories, and tales of fishing. He loved travel and welcomed new experiences. He cultivated and enjoyed his hobbies of shooting, fishing, and farming, recognizing their contribution to a balanced life. His capacity for warm and enduring friendships was boundless, and from these he gleaned a great store of diversified knowledge. He belonged to many social organizations, the Masonic Lodge of St. Andrew, and the congregation of Trinity Church in Boston. The acme of his enjoyment of life, however, was full and unstinting devotion to his profession. As he once wrote, "Teaching students and young graduates has been a pleasant adjunct to the practice of surgery. Medical meetings and the presentation of papers with a basic interest in organizations to elevate the standards of surgery are a greater relaxation than fishing or shooting, although these hobbies are essential for a complete life. Medicine as a career is more interesting than any other because there is something new to learn every day."

Dr. Allen embraced the world, and the world loved him in return. To thousands of persons, through the skill of his hands and the compassion of his heart, he literally gave new life. His loss is palpable, but his footprints remain.

GRANT V. RODKEY, '43A





## INTERNSHIPS, CLASS OF 1958

Photographs by David Lawlor



Unless otherwise noted all internships start July 1, 1958 for one year.

<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Adkins, Howard E.	State Univ. of Iowa, Iowa City, Iowa	Rotating
Alden, Peter D.	The New York Hospital, New York City	Medicine
Anthonisen, Nicholas R.	North Carolina Memorial, Chapel Hill, N. C.	Medicine
Barlow, John F.	Mary Imogene Bassett, Cooperstown, N. Y.	Rotating
Bennett, Joe C.	Univ. Hosp. & Hillman, Birmingham, Ala.	Medicine
Blume, Sheila B.	Children's Medical Center, Boston	Pediatrics
Bodel, Phyllis T.	Boston City (Harvard Service), Boston	Medicine
Bohrer, Stanley P.	Massachusetts General, Boston	Surgery
Brown, Barton A.	U. of California, San Francisco, Calif.	Surgery
Bryan, John S., Jr.	Grace-New Haven Community, New Haven, Conn.	Surgery
Burnett, Joseph W.	Johns Hopkins, Baltimore, Md.	Medicine
Butterfield, Donald E.	Boston City (Harvard Service), Boston	Surgery
Caldwell, Peter R. B.	Bellevue (I Div.,-Columbia U.), New York City	Mixed
Cannon, Paul J.	Presbyterian, New York City	Medicine
Carpenter, Charles B.	Bellevue (II Div.-Cornell U.), New York City	Medicine
Chandler, Hugh P.	U. of California, Los Angeles, Calif.	Surgery
Cheever, Allen W.	Mt. Sinai, New York City	Rotating
Christensen, David D.	University Hospitals, Cleveland, Ohio	Medicine
Cline, Martin, J.	Peter Bent Brigham, Boston	Medicine
Coggins, Cecil H.	Massachusetts General, Boston	Medicine
Collins, Calvin J.	Strong Memorial, Rochester, N. Y.	Surgery
Conovitz, Myron W.	Peter Bent Brigham, Boston	Medicine
Cooper, Richard G.	Buffalo General, Buffalo, N. Y.	Rotating
Corwin, Howard A.	Peter Bent Brigham, Boston	Medicine
DeCesare, William R.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Deal, C. Pinckney, Jr.	New York Hospital, New York City	Medicine
Dettman, Prentiss M.	University Hospitals, Columbus, Ohio	Surgery
Drum, David E.	Med. Coll. of Virginia, Richmond, Va.	Surgery



<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Edwards, John R.	Mary Imogene Bassett, Cooperstown, N. Y.	Rotating
Ege, Gunnes N.	Pennsylvania, Philadelphia, Pa.	Rotating
Eilers, Elizabeth A.	Massachusetts Memorial, Boston	Medicine
Elkins, William L.	St. Vincents, New York City	Surgery
Eraklis, Angelo J.	Peter Bent Brigham, Boston	Surgery
Esmiol, Pattison	Strong Memorial, Rochester, N. Y. (two year appt.)	Rotating
Feingold, David S.	Beth Israel, Boston	Medicine
Frommer, Peter L.	Cincinnati General, Cincinnati, Ohio	Rotating
Gebel, Peter P.	Pennsylvania, Philadelphia, Pa.	Rotating
Gifford, George H., Jr.	Peter Bent Brigham, Boston	Surgery
Gilman, Robert B.	Peter Bent Brigham, Boston	Medicine
Goldstone, Murray A.	University Hospitals, Cleveland, Ohio	Medicine
Goodman, Stephen B.	Colorado General, Denver, Colo.	Rotating
Gravenstein, Joachim S.	U. of Florida Med. Sch., Gainesville, Fla.	Anesthesia
Haftter, S. Sheila	Saint Elizabeths, Washington, D. C.	Rotating
Haley, Edward M.	Strong Memorial, Rochester, N. Y.	Surgery
Hall, James W., 3d	U. of Minnesota, Minneapolis, Minn.	Medicine
Harris, Hugh S., Jr.	Barnes, St. Louis, Mo.	Surgery
Hatfield, Jeannette	Strong Memorial, Rochester, N. Y.	Pediatrics
Healey, Stephen J., 3d	Peter Bent Brigham, Boston	Surgery
Hirschhorn, Richard C.	University Hospitals, Cleveland, Ohio	Surgery
Hofer, Myron A., 2d	Massachusetts General, Boston	Medicine
Hood, William B., Jr.	Peter Bent Brigham, Boston	Medicine
Hutchinson, Bernard T.	Pennsylvania, Philadelphia, Pa.	Rotating
Hutchinson, Richard C.	Boston City, Boston	Pathology
Jacob, Harry S.	Boston City (Harvard Service), Boston	Medicine
Jacoby, George A., Jr.	Massachusetts General, Boston	Medicine
James, Lewis P., Jr.	Massachusetts General, Boston	Surgery
Joseph, Jordan	Vanderbilt U., Nashville, Tenn.	Medicine
Kahn, Charles S.	Univ. Hosp. & Hillman, Birmingham, Ala.	Rotating
Kantor, Martin	U. of Chicago Clinics, Chicago, Ill.	Rotating
Karlan, Robert D.	Univ. Chicago Clinics, Chicago, Ill.	Rotating
Kisch, Arnold I.	Grace-New Haven Community, New Haven, Conn.	Surgery
Kister, Sven, J.	Presbyterian, New York City	Surgery
Kliman, Allan	Beth Israel, Boston	Medicine
Kremen, Howard M.	Boston City (Harvard Service), Boston	Medicine
Lamie, Anita M.	University Hospitals, Columbus, Ohio	Medicine
Lang, David J.	Beth Israel, Boston	Medicine
Li, John K.	Bellevue (I Div.-Columbia U.), New York City	Mixed
Liebman, Leila	Johns Hopkins, Baltimore, Md.	Medicine
Lipson, Charles S.	Beth Israel, Boston	Surgery
Livingstone, John B.	U. of Minnesota, Minneapolis, Minn.	Surgery
Lukens, John M., Jr.	North Carolina Memorial, Chapel Hill, N. C.	Mixed
Lynn, Gene E.	Indiana Univ. Med. Center, Indianapolis, In.	Rotating
Madden, John W.	Massachusetts General, Boston	Surgery
Matthews, Norman E.	Cincinnati General, Cincinnati, Ohio	Rotating
Messer, Ronald J.	Roosevelt, New York City	Mixed
Miller, Elliott V.	University Hospitals, Columbus, Ohio	Surgery
Monahan, John J.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Morgan, Clarence L.	Beth Israel, Boston	Medicine
Morse, Edward E.	Johns Hopkins, Baltimore, Md.	Medicine
Morse, Robert L.	Univ. of Chicago Clinics, Chicago, Ill.	Rotating
Mossman, Philip L.	Hospital of U. of Penn., Philadelphia, Pa.	Rotating
Nance, Walter, E.	Vanderbilt Univ., Nashville, Tenn.	Medicine
Nidus, Bernard D.	City Hospital, Cleveland, Ohio	Rotating
Noble, Walter M.	North Carolina Memorial, Chapel Hill, N. C.	Medicine
Nowosiwsky, Taras	Mary Imogene Bassett, Cooperstown, N. Y.	Rotating
Oppelt, Wolfgang W.	Peter Bent Brigham, Boston	Medicine
Parker, Albert C., Jr.	Strong Memorial, Rochester, N. Y.	Mixed
Patch, V. Duane	Johns Hopkins, Baltimore, Md.	Medicine
Patton, Anthony S.	Massachusetts General, Boston	Surgery
Pearl, Don C., Jr.	Massachusetts General, Boston	Surgery
Penick, Sydnor, B., 3d	Mary Imogene Bassett, Cooperstown, N. Y.	Medicine
Pierce, Rudolph W.	University Hospitals, Cleveland, Ohio	Surgery
Porvaznik, John T., Jr.	Massachusetts General, Boston	Surgery
Rabinowitz, Seymour	Strong Memorial, Rochester, N. Y. (two year appt.)	Rotating
Randall, G. Hubbard	U. S. Naval Hospital, Philadelphia, Pa.	Rotating



<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Ricketts, Howard J.	Grace-New Haven Community, New Haven, Conn.	Surgery
Rieselbach, Richard E.	Univ. of Illinois Research and Educational, Chicago, Ill.	Rotating
Robinson, Stephen H.	Boston City (Harvard Service), Boston	Medicine
Rogers, Adrianne, E.	Beth Israel, Boston	Medicine
Root, Allen W.	Strong Memorial, Rochester, N. Y.	Rotating
Rosson, Robert S.	Beth Israel, Boston	Medicine
Satin, David G.	North Carolina Memorial, Chapel Hill, N. C.	Mixed
Schur, Peter H.	Bronx Municipal, Bronx, N. Y.	Medicine
Shambaugh, Philip W.	Peter Bent Brigham, Boston	Pathology
Shavelson, Robert W.	Hospital of the U. of Penn., Philadelphia, Pa.	Rotating
Smith, Benjamin V., Jr.	Grace-New Haven Community, New Haven, Conn.	Surgery
Soffer, Richard L.	Beth Israel, Boston	Medicine
Solomon, Irene	University Hospitals, Columbus, Ohio	Medicine
Solow, Charles	Mary Imogene Bassett, Cooperstown, N. Y.	Rotating
Sonnenblick, Edmund H.	Presbyterian, New York City	Medicine
Sorokin, Sergei P.	Harvard Medical School, Boston	Pathology
Sproul, Lyman E.	Boston City (Harvard Service), Boston	Medicine
Stanley, John A.	U. of California, San Francisco, Calif.	Rotating
Starke, Rodman, D.	Massachusetts General, Boston	Medicine
Sullivan, William H.	Strong Memorial, Rochester, N. Y.	Surgery
Tichell, Robert H.	Strong Memorial, Rochester, N. Y. (two year appt.)	Rotating
Tilles, Jeremiah G.	Boston City (Harvard Service), Boston	Medicine
Todd, Joseph C.	Cincinnati General, Cincinnati, Ohio	Rotating
Tollackson, Kenneth A.	U. of Oregon, Portland, Ore.	Rotating
Trucker, Earl B.	U. of Minnesota, Minneapolis, Minn.	Surgery
Tulenko, John F.	New York Hospital, New York City	Surgery
Ullian, Robert B.	Barnes, St. Louis, Mo.	Medicine
Unger, Laurence N.	Grace-New Haven Community, New Haven, Conn.	Surgery
Valeri, Charles R.	Boston City (Tufts Service), Boston	Medicine
von Hoyningen-Huene, C. B.	Univ. Hospital, Ann Arbor, Mich.	Rotating
von Kessler, Kirby, L. C.	Roosevelt Hospital, New York City	Mixed
Wangensteen, Stephen L.	Presbyterian, New York City	Surgery
Weintraub, Lewis R.	Hospital of the U. of Penn., Philadelphia, Penn.	Rotating
White, R. Christopher	Presbyterian, New York City	Surgery
Wiggin, James W., Jr.	University Hospitals, Cleveland, Ohio	Surgery
Wilde, W. Lawrence	U. of California, San Francisco, Calif.	Medicine
Winter, Thorne S., 3d	Peter Bent Brigham, Boston	Medicine
Wolfson, Sanford	U. of Minnesota, Minneapolis, Minn.	Surgery
Wollman, Harry	Univ. of Chicago Clinics, Chicago, Ill.	Rotating
Zimmon, David S.	Bellevue (II Div.-Cornell U.), New York City	Medicine



# William Jason Mixter

1880-1958



*Portrait by Polonsky*

William Jason Mixter was born December 5, 1880 and died March 16, 1958. His conduct in this seventy-seven year span of life was distinguished in a remarkable way by his sympathetic and generous dealings with all of the human beings in his orbit whatever their station or merits. Product of an old New England family, his father, Dr. Samuel J. Mixter, was a noted

surgeon whose main base of activity was the Massachusetts General Hospital on whose staff he served for forty-seven years. His son Jason followed this course to the extent of an association with the same institution in various capacities for over fifty years. Jason's path to the Massachusetts General was via four years at the Massachusetts Institute of Technology leading to an

S. B. degree in Biology in 1902, and a similar span at the Harvard Medical School yielding his M. D. in 1906. His long service to the MGH began with an internship that same year. In 1911 he and his father were given the first neurosurgical assignment with the privilege of two hospital beds in which to develop the speciality. In 1933 his neurosurgical skills were finally recognized by the setting apart of a separate neurosurgical service with him in charge. His numerous contributions to this field had already resulted in his selection, along with Walter Dandy and Max Peet, to write the neurosurgical section of Dean Lewis' multivolume work, *The Practice of Surgery*, which appeared in 1932. One was pleased to find that his distinction at first merely national eventually became local as well.

By 1934 there appeared his first publication with Dr. Joseph Barr drawing to the medical world's attention the rupture of a lumbar intervertebral disc as a cause of low back and sciatic pain. Their surprising demonstration that these strikingly intermittent symptoms are commonly caused by a relatively static space-taking mass has resulted in relief of pain for enormous numbers of people, and has led to the finding of such a solution for intermittent disorders elsewhere in the body.

Dr. Mixer had hardly retired from his hospital in 1941 as neurosurgical chief when he was recalled the same year as acting chief for another five years while Dr. James White, his successor, went into our Navy. Jason's own wartime experience began in World War I with service to the French Army which included periods at the American hospital at Juilly and just behind the front lines from January to June 1915. He continued later in the U.S. Army Medical Corps in France from 1917 to 1919, and again in the second world conflict as Senior Civilian Consultant in Neurosurgery to the Surgeon General of the U.S. Army.

A member of the American Medical Association, the American College of Surgeons, the Society of Neurological Surgeons, the Harvey Cushing Society and the American Neurological Association, he was not a frequent speaker before the forums of these national professional groups. But by reserving his requests for the floor to those occasions on which he really had something to say, he became a respected speaker. His place in the neurosurgical world is intimated by his honorary membership in the younger society, the American Academy of Neurological Surgery, a critical group whose roster of only five honor-

ary members has been culled from the neurosurgeons of the whole planet. His general surgical colleagues placed him for a term as president of the New England Surgical Society. Notable among numerous contributions he made to his original alma mater, MIT, was his period as a member of her corporation from 1944 to 1949.

The need for him to undergo major surgery in 1931 was followed by an increase in his vigour, surgical and otherwise. He maintained his good health by an appropriate interspersing of hunting and fishing as the occasion and his own enthusiasm demanded.

His perspicacity in managing human problems was rooted in firm religious convictions and he sought to strengthen the spiritual aspect of our scientific culture by long personal service to Trinity Church in Boston—on its vestry for thirty-nine years until his death, and as Senior Warden from 1949 to 1953. Some of his closest intimates he knew from this aspect of his life.

In September 1911 he married Miss Dorothy Fay. His devotion with Mrs. Mixer to the bringing up of their immediate family and his awareness of the significance of larger family ties was strikingly apparent to those of us privileged to attend such gatherings of the Mixer Clan as occurred in the great room at 180 Clyde Street regularly, for example on Christmas Eve. And it is Dr. Jason's special quality of kindness, well depicted in his recent portrait by Polonsky, for which he will be remembered above all else by those of us who have known him. At a time when blatant puerile rudeness in the operating room was the fashionable prerogative of the prima donna surgeon his behavior was precisely the opposite, and it, of course, yielded him better support from his operative team. Neurosurgical as well as other patients do not always do well. His attitude as he sought with his staff critically to determine and correct faults in management led to his service becoming known as the friendly service. And his protégés have gathered repeatedly at dinners to honor him in his recent relative retirement—only relative because he maintained so close an interest in his life's work that he had major responsibility for the recent completion of an entire new neurosurgical research floor at the Massachusetts General—appropriately dedicated last October as the Mixer Laboratories. It was an occasion upon which senior representatives of church, university, hospital and his own pupils spoke once more of their appreciation of his magnificent contributions in all of these spheres.

WILLIAM H. SWEET, '36





# Alumni Day

RAIN OR SHINE

FRIDAY, MAY 30, 1958

Registration

Begins at 8:30 a.m.

Building A, Harvard Medical School

Annual Business Meeting of the Alumni Association 9:30 a.m.

Alumni Day Symposium

10:00-12:00 noon

Amphitheatre D, Harvard Medical School

## SPEAKERS

KENDALL EMERSON, JR., '33—*Assistant Dean and Chairman of the Committee on Admission—Harvard Medical School*

"NEWEST FASHIONS IN STUDENT SELECTION"

HERRMAN L. BLUNIGART, '21—*Professor of Medicine*

"A FOREIGN BODY IN A STRANGE LAND"

GEORGE E. GARDNER, '37—*Clinical Professor of Psychiatry and Director of Judge Baker Child Guidance Clinic*

"CHILD PSYCHIATRY"

WILLIAM B. CASTLE, '21—*George Richards Minot Professor of Medicine*

"SOME CONSEQUENCES OF BLOOD BEING THICKER THAN WATER"

LE MOYNE SNYDER, '23—*Medico-Legal Consultant*

"MURDER CHALLENGES THE DOCTOR"

Fred A. Simmons

*President of the Class of 1933*

Thomas H. Lanman

*Director of Alumni Relations*

Nathan M. Pusey

*President, Harvard University*

12:00-12:30 p.m.

Buffet Luncheon

12:30-2:00 p.m.

The Quadrangle, Harvard Medical School (*All Alumni are guests of the Association*)

## ALUMNI DAY COMMITTEE

FRANC D. INGRAHAM, *Chairman*

GEORGE P. BERRY

THOMAS H. LANMAN

J. ENGLEBERT DUNPHY, *Moderator*

## Class Day

Saturday, May 31, 1958

Class Day Exercises for the Class of 1958

The Quadrangle 10:30 a.m.

A feature of the Exercises will be the presentation of the Alumni Prize

Class Day Luncheon

The Quadrangle 12:00 noon

(All Alumni are guests of the School)

respiratory infections  
gastrointestinal infections  
genitourinary infections  
miscellaneous infections

**immediate  
therapeutic  
response**

use

# Sumycin

Squibb Crystalline Tetracycline Phosphate Complex

## intramuscular

with Xylocaine\*

250 mg. per 1 dose vial

100 mg. per 1 dose vial

- when oral therapy is contraindicated (vomiting, dysphagia, intestinal obstruction, gastrointestinal disorders)
- when the patient is comatose or in shock
- postoperatively

1. fast peak blood and tissue concentrations
2. high cerebrospinal levels
3. for practical purposes, Sumycin is sodium-free

Each vial contains tetracycline phosphate complex equivalent to 250 mg., or 100 mg., of tetracycline HCl. (Note: 250 mg. dose may produce more local discomfort than the 100 mg. dose.)

#### FLEXIBLE DOSAGE FORMS FOR CONTINUING ORAL THERAPY

	Tetracycline phosphate complex equiv. tetracycline HCl (mg.)	Packaging
Capsules (per capsule)	250	Bottles of 16 and 100
Half Strength Capsules (per capsule)	125	Bottles of 16 and 100
Suspension (per 5 cc. teaspoonful)	125	60 cc. bottles
Pediatric Drops (per cc.—20 drops)	100	10 cc. bottles with dropper



Squibb Quality—the Priceless Ingredient

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## LETTERS

(Continued from page 3)

was set up by Dr. Moyer Freymann (HSPH '57) when he was assigned to Shiraz on a Point 4 program. These various facilities are in the process of being brought together into a teaching unit, in which curative and preventive medicine can be taught. The importance of Shiraz is that it is the one center in Iran dedicated to developing the American ideas about medical educa-

tion so as to improve health in Iran (The tradition in Teheran is French and Continental—huge classes, little practical work, etc.)

The International Cooperation Administration has made a three-way contract with the Nemazee Hospital and the Medical School to provide salaries for American physicians and nurses as part of our mutual aid program to Iran. At the present time, as a result of the loss of an Iranian physician and expiration of someone's term the Hospital is

desperately in need of two medical men to assist Dr. Reimann. Salaries are good, travel allowances generous, and the Hospital grounds provide excellent living quarters in pleasant surroundings with tennis court, swimming pool, and lots of room for children to play. Term is a minimum of one year, preferably and usually two.

Please get in touch with me if you'd like to know more.

CHARLES A. JANEWAY, M.D.  
Children's Hospital

## DIVISION OF MEDICAL SCIENCES ALUMNI DAY PROGRAM MAY 30, 1958

10 A.M. Amphitheater E      Harvard Medical School

Chairman — Edward A. Doisy

### SPEAKERS OF THE SYMPOSIUM

HELEN A. PADYKULA—*Associate in Anatomy, Harvard Medical School*

"THE HISTOCHEMICAL APPROACH TO BIOLOGICAL PROBLEMS"

EUGENE M. RENKIN—*Assistant Professor of Physiology, George Washington University*

"THE CAPILLARY CIRCULATION AND TRANSCAPILLARY EXCHANGE"

WILLIAM B. KINTER—*Associate in Physiology, Harvard Medical School*

"DIODRAST I<sup>131</sup> TRANSPORT BY THE RENAL TUBULAR EPITHELIUM OF NECTURUS"

HALVOR N. CHRISTENSEN—*Professor of Biological Chemistry, University of Michigan*

"TRANSPORT OF AMINO ACIDS INTO CELLS"

2 P.M. Amphitheater D      Harvard Medical School

Chairman — John F. Enders

JOHN M. BUCHANAN, *Professor of Biochemistry, Massachusetts Institute of Technology*

"ANTIMETABOLITES AND PURINE SYNTHESIS"

GEORGE H. HITCHINGS, *Associate Research Director, Wellcome Research Laboratories*

"CHEMOTHERAPY AND NUCLEIC ACID BIOSYNTHESIS"

HAROLD AMOS, *Associate in Bacteriology and Immunology, Harvard Medical School*

"THIOURACIL, RIBONUCLEIC ACID SYNTHESIS AND BACTERIAL GROWTH"

FREDERIC M. RICHARDS, *Assistant Professor of Biochemistry, Yale University*

"SOME EFFECTS RELATED TO CHANGES IN THE COVALENT STRUCTURE OF RIBONUCLEASE"





